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# The China Medical Missionary Jounnal.

VOLUME I.

JANUARY-DECEMBER, 1887.

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### The China

# Medical Missionary Journal.

#### EDITED BY

J. G. KERR, M.D., Canton.

J. K. MACKENZIE, M.R.C.S., L.R.C.P., Tientsin.

E. REIFSNYDER, M.D., Shanghai.

REV. L. H. GULICK, M.D., Shanghai, Business Manager.

Vol. I.

MARCH 1887.

No. 1.

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-A CASE OF RUPTURE OF BLADDER WALL, ETC.

CORRESPONDENCE.

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OF THE

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# China Medical Missionary Journal.

Vol. I.

MARCH 1887.

No. 1.

# THE MEDICAL MISSIONARY ASSOCIATION OF CHINA:-

By H. W. BOONE, M.D.

THE medical missionaries of China have great cause for thankfulness that, by the recent election they have been brought into common bonds of union and sympathy. With a Medical Association, our honored President, and a staff

of Officers, we are in a condition to work together for the common good, to know and appreciate one another in a way that we never have had the chance to do do good work as a body, and our best efforts would be scattered and unasprorted, Now, the youngest, as well as the oldest member of the Association can bring forward his views and experiences, and we can learn from one another. I trust that we shall have a meeting of the Association as often as the General Missionary Conference is held, and at the same time and place. We want to know one another personally. In the establishment of a Medical Journal we have taken a great step forward. 'Medical missionaries are sometimes looked down upon by other medical men in China, simply because they do not know them and their work. There are clever and able men among the General Practitioners of Medicine-English, French, German and American-in China, but the medical missionaries can point to men among their own numbers who are second to none as physicians, surgeons, and obstetricians, while among the lady doctors there is a zeal and an ability worthy of all admiration. In our quarterly Medical Journal, we have now, for the first time, an organ in which to express ourselves, to report upon our work, and to enable us to garner the constantly increasing mass of observations and experience for the good of our own body and of the world in general. It rests with us whether we shall show the world that we are doing work which will command respect and support, or whether, by our own supineness we lose the opportunity which the publication of this 'journal places at our disposal. Every medical missionary in China should pledge himself to give at least one article a year (in Chinese or English) to this medical missionery organ. Look upon this as a duty, a part of your proper work. We have other duties besides examining and prescribing for the sick. Let us belp to do better work, have a higher standard of excellence, interest the world to send out and support more labourers, and we will soon feel that the labor of writing is a labor of love. Do not be deterred by the fear that you cannot write well enough. We want thought, experience, advice. We can afford to leave elegance and purity of diction to the literateur. Elegance and purity of diction are good things in themselves, but much of the world's work gets on without them; besides practice makes perfect. Lord Bacon says, "Reading maketh a full man, Conference a ready man, and Writing an exact man." Read the journal, let us confer together, and above all, write, and you will improve yourself whilst trying to benefit others. Have we anything worth writing about? There seems to be a consensus of opinion that medical missions are useful, and that they are an important means of getting at the Chinese and influencing them for good. Do we, all of us, use the very best and wisest methods of doing our work? What is the best method? Should medical missionaries spend a large part of their time in preaching and teaching the Gospel? Should they devote all of their time to strictly professsional work, leaving the work of evangelizing to others? We all know that the daily labor in dispensary and hospital work, when faithfully performed, taxes all our energies. We all know that we cannot do good work, cannot keep from running down, unless we have good medical journals and a few first-class books to read, slowly and thoughtfully, so as to reap the full benefit of our reading. We must read something besides medical literature, must mix with others besides our medical friends, or we will think and talk shop-always shop-and become too narrow to do the best that we are capable of doing. All this is a tax upon our time. Let us hear from several medical missionaries, the more the better, what are their views on the above questions. Should medical missionaries spend three or four years in gaining a good knowledge of the Chinese written language, or should they be content with a fair knowledge of the local dialect without attempting to read and write in Chinese? Should we have dispensaries for out-patients only, or, should we have hospitals also wherever there is a foreign doctor? Should we build our hospitals in the cheapest possible manner-and be satisfied to have them overcrowded, ill ventilated, dark and dirty-or should we always have them first class?-a small hospital of 10 beds. perfect in all its appointments, discipline and management. May it not cure more patients, train better nurses, teach better lessons to medical students. than one where the same sum of money is laid out on 30 beds, and no attempt is made to do the very best work of which one may be capable? These questions rise up every day; they must be met, they demand an answer. Upon our right

decision depends the welfare of thousands; depends, in a great measure, the success or failure of our work. What have you found to be the best method of gaining the respect, the attention, and the power to influence the Chinese around you, so that you may lead them to higher thinking and living than they have eves had any opportunity of attempting before? My friends, this is a burning question, one that I have never been able to answer, and yet, this-this even beyond and above the exercise of our blessed gift of healing the body-is what we all came to China for. Dear friends, try each one in your own way, to think out this question. Do not be too hasty; if we will all think, and act out our best thoughts, the solution will come. Let us have your matured thoughts. may suggest one part of the perfect plan and another may fill another part, until, under the blessing of our Divine Master, the right way may be vouchsafed to us. There are the ways of speaking, teaching, preaching. There are the ways of making our daily walk and conversation the means of the best training for ourselves and for those around us. What combination of methods is the best? Is it well for us to set ourselves to train up a body of skilled nurses? Not doctors, but people who can go into a house, purify its drains, ventilate it; cleanse the sick-room; bring quiet, order, and repose, to the patient, and perform the thousand and one acts so indispensable to the comfort and well-being of the sick, while they are content to carry out the orders of the doctor and to administer his medicines. It is a high and noble calling, that of nurse. The typical nurse is a Christian, man or woman, who does the work from a high sense of duty and of the nobleness of the profession to which they are called. Worthy of good pay and all honor, but doing their daily work unto the Lord. What a vast power for doing good such nurses could have. Can we train up Chinese men and women for this work of helping to heal soul and body? Can some of our readers tell us about this question? The trained nurses who have come to China to help us in our work, let them speak; let us hear what they have to say. I hope that our Association will take all the trained nurses we have, as honorary members of our Society. They are co-workers and we should share with them, and reward ourselves by gaining their sympathy and help.

Medical Education for the Chinese—It has been said, that until we can dissect, until we have the means of rivalling the great medical schools of the world, we had better give up trying to teach medicine; that the Chinese do not have the desire to study medicine; that we must wait until they wish to study; that well meaning medical missionaries are wasting their own time in feeble and unavailing efforts at teaching. Is an this true? If so, how can we remedy it? Is any part of it true? Is it best to wait, or best to do all we can do, and consider half a loaf better than no bread at all? Can we by teaching now bring about a better state of affairs? Is it wisest to fold our hands and do nothing? Is it best to have 20 or 30 isolated teachers, or to found a couple of good schools for the whole Empire? Shall we teach in English or in Chinese? The reasons for

teaching in English, the reasons for teaching in Chinese-let us hear them all then we can decide. It is only by discussing these questions that we can gain the data needed to obtain a proper solution of the problems presented to us. Upon their right decision rest the use or the abuse of much money, the awaste or the utilizing of much valuable labor. Is it best to support our medical students while they are studying, or shall they all be self-supporting? How high a preparatory education shall we require of them? What curriculum of studies? How much laboratory work, how much clinical work, how about attending lectures? What standard of excellence shall we require before graduating students? How are they to gain a living after they graduate? Shall they placard the walls and rival their brethren of the ancient system in China in trying to gain the notice of the people? This would be wrong in our countries. Can these Chinese medical men hope to gain a living without resorting to these means of gaining the attention of the public? We must discuss all these questions calmly, not with a view to gain our own point, but to weigh evidence and learn what is best. If we succeed in our attempt and give this nation good medical and surgical practitioners, think of the millions of lives we shall save, of the untold misery we shall prevent or cure. No nobler theme could arise for our discussion. We are no debating society arguing for amner. our right action hangs the welfare of millions - on multions of our fellow beings. If we succeed we will be do rving of the gratitude of markind. Can we, as a united ' dy, urge upon the members of our Missions out here, upon our Boards at home, the importance of training up Christian physicians and a goods, men and women, Christian nurses, men and wom ., to go out all over the land and carry the blessings of our tangion with them wherever they go? The time is not r po for gaining the privilege of dissecting, but we can obtain almost all the advantages. By dissecting animals the skill and dexterity of a dissector can be gained, and a good knowledge of Comparative Anatomy and of Animal Structure. By operating on the prepared bodies of animals, tying vessels, amputating, resecting joints, trephining, operating on eyes, etc., etc., much practice can be obtained to supplement the information gained by assisting at Surgical Clinics and witnessing the operations performed by the professor of surgery. For actual knowledge of human anatomy, we can get wonderful fresh preparations from England. They are almost perfect, and a student accustomed to careful work on animals could derive great benefit from the study of these. This would obviate the objection that has been made to the teaching from plates and models. There are still many matters for our consideration. Time would fail, and the patience of my most forbearing reader would give out if I should attempt to sketch all the work that our Association and Medical Journal could find to do. We want accurate reports of the Geology, Mineralogy, Flora and Fauna, and Food Supplies of every Province in the Empire; the Meteorology, the Physical Geography, the prevailing diseases and the reasons for their prevalence. A collective investigation of diseases, mortality and of other matters, sent in to the journal in reply to printed questions sent out by a carefully-selected committee, who should prepare themselves for this work by study, and by soliciting information from the leaders in such work at home. We want reports of dispensary and hospital work, reports of cases and of series of cases, with remarks and critical studies of certain classes of diseases and injuries. Enough. It is easy to ask questions; the far harder and nobler task of answering them I leave to my friends the medical missionaries of China, with full faith that they will do their very best to answer them to the utmost of their ability.

#### THE EVANGELISTIC SIDE OF A MEDICAL MISSION.

By J. KENNETH MACKENZIE, M.D.

THE medical missionary comes to China to advance the Cause of Christ.

This is fully admitted. But there is not the same unanimity of opinion as to how he can best advance his Saviour's Cause. Many contend that his province is to confine himself to the healing of the sick, the training of medical students, and in the course of years, perhaps, adding to his multifarious duties the translation or preparation of medical works; meanwhile, showing general sympathy in Christian effort, but leaving to his clerical colleagues the work of evengelization. Others, again, think that he should personally take part in, if not superintend, the spiritual work amongst his patients-in fact be at the head of the Evangelistic as well as the Medical department of the Medical Mission. Such a view does not imply that he is not ready to welcome all the help he can get from his clerical brethren. The following remarks are written to advocate this latter opinion. There are two main objections generally brought forward against it. The first, that a jack of all trades is a master of none, and that consequently you cannot have a good doctor and a good parson in the same individual. This is quite true. But I am not advocating the making of parsons; indeed I would wish to see every medical missionary come out unordained, and it is not necessary that he should ever directly engage in preaching. To answer the other objection, viz., that he hasn't time, I would reply, that the old saying, "Where there's a will there's a way," holds good here. He must make time, for his business is only half done if he neglects this portion of it. How then can the Evangelistic side of a Medical Mission best be developed?

The prevailing opinion seems to be in favour of establishing in connection with every such mission, as soon as possible, a hospital with ward accommodation for in-patients. It is evident upon the surface that the best medical work can be achieved in this way, and there cannot be two opinions where the experiment has been fairly tried that the wards of a hospital give about the best opportunity to be found anywhere for direct personal dealing with men's souls. A statement one commonly hears made by clerical missionaries is to the effect that in chapel preaching to the heathen the difficulty is to get in touch with the people, to approach them as individuals. The preacher deals with his audience it the mass. We, in our hospital, on the other hand, can come into direct or the men. Our relationship as doctor and patient removes at oftentimes to actual hostility, shown by and the ferrigner.

On the second of the second of the second influence his patients is by keep, good to the second of them to prayer and the frequent stand the frequent standard to the frequent them as he is himself abiding in Christ, and remainder the control of the christ, and the chri Saviour. He cannot give what he has not himself got. should stimulate us to a constant and close walk with God. It is or ..... for us to pray for the outpouring of the Holy Spirit upon our assistants or patients, until the great cry of our hearts is, "Lord, fill me!" and then, when we are full, from us will go forth streams of living water to those around. Experience has taught me not to employ any men specially for religious work. The helpers should all be converted men, and they should carry the Gospel to the patients under the supervision of the doctor. By helpers I mean dispensers who assist in the compounding of drugs, and ward attendants or dressers, who correspond, in the work they do, to our nurses at home.

I can best set forth my ideas on the subject by describing our own practice. During the year 1886 there was an average of 42 in-patients daily in our wards, with an average length of residence for each of 211 days. These patients pay for their own food and provide bedding, excepting in a few instances, such as severe accident cases. We employ two dispensers, three ward attendants, a cook, gatekeeper, coolie, all but the last being working Christians.

We begin the day with a Bible reading, at which the helpers and most of the convalescent patients are present. It usually lasts about three quarters of an hour, and is made as conversational as possible, by asking and soliciting questions, and inducing as many as are willing to take part. People enjoy a meeting much more when they have some part in it, however small. Above all things the leader should avoid "preaching" if the meeting is to be interesting and profitable.

Most of our medical work in the wards is done before two o'clock, so that the ward attendants are able to spend a large portion of every day in teaching

the Catechism to those patients who are both well enough and willing to receive instruction. With a little management and encouragement from the Doctor an enthusiasm can be aroused, and the more advanced among the patients will help in instructing the others. "How shall they belive in Him of whom they have not heard?" On Tuesday evenings we hold a class in which we try to gather up the work of the week, "drawing up the Gospel net," as it has well been termed; and on Friday evenings there is a special meeting for the helpers and other Christians for prayer and the study of the Scriptures, the medical missionary being the leader at these various classes.

I want to set forth a few reasons why the Medical man should himself engage in Evangelistic Work:

First,-He can best influence his own patients

They are looking to him f : ...

his best to succour them, and they see tha

the many seem a low motive, but the many seem a low motive, but the interest is aroused. Many the interest is aroused to a revival meeting to scoff and has remained to

pray.

Second.—His assistants will be, under God, largely what he makes them.

It is a common statement at home that a Church is what its pastor is. Has he the Missionary Spirit? Then the Church will be a Missionary Church. Is he an aggressive man? Then the Church will be a Working Church. It is a trite saying, and yet one we often seem to forget, that men are taught by practice rather than by precept. It is of little use for the doctor to urge his assistants to Christian work while he himself is showing but lukewarm interest, or none at all. He must teach "do as I do" rather than "do as I say."

Third.—Unless he attends to it, the full value of the Medical Mission as a Christianizing Agency will not be developed.

It is no disparagement to our clerical colleagues to say this, for their main energies must necessarily be devoted to church organization and public preaching.

Fourth .- His own spiritual life requires it.

If the life of the soul is to be anything more than a name; if it is to remain in a healthy condition, it must needs find a channel for its activity. "We cannot but speak the things which we have seen and heard."

Then, too, there are so many depressing influences surrounding him in his medical work. The daily drudgery of the out-patient Clinic, with its crowd of sick folk, becomes at times trying to the flesh. A medical visitor once said to me, "How can you spend your life amongst these dirty wretches?" And in

the wards, though to the lover of his profession there is much to attract in the study of cases of special interest, yet there is also much to weary. He has to work with imperfect instruments in the shape of clumsy, if willing men, in place of the intelligent and tender nurses of our home hospitals. He has to put up with ideas of cleanliness that do not always accord with his own. All these things tend to depress a man. We need the elevating influence of service for God to counterbalance this state. When we aim at winning the souls of our patients to Christ, we begin to find how dreadfully dead to spiritual things that Chinese are, and how true it is that we can do nothing without the Holy Spirit, whose it is to convince of sin; and this knowledge drives us to prayer, that He, who is the Quickener of the dead, may come into our lives and work, and then we shall have the joy of seeing the light break in upon the souls of our patients, and we ourselves will be raised above the drudgery of our daily toil, and our work will become ennobling to our higher nature.

TIENTSIN, March 4th, 1887.

#### CANCER OF THE PANCREAS, NOT DIAGNOSED DURING LIFE.

By R. A. Jamieson, M.A., M.D.

M. C., aged 49, a lightkeeper, 15 years in China. No family history of disease. Has never been seriously ill, except for a sharp attack of dyspepsia in 1878, which he attributed to lack of fresh meat and vegetables. Is strictly temperate.

Admitted to Shanghai General Hospital 12th February 1886, in condition of extreme weakness. He stated that he had taken hardly any food for a fortnight, his present illness having begun during the last days of January with vomiting and purging. He has six or seven small, loose stools in the twenty-four hours, frothy, yellow, discharged after much griping. They contain as a rule neither blood nor mucus, but he has occasionally observed a little blood, which he attributes to hæmorrhoids, from which he has suffered severely for years. He is habitually a bad sleeper. He shivers now and then, but is not conscious of any subsequent hot stage, and never sweats. Has severe pain in right side following course of lower ribs, but this occurs only in spells and is not excited or increased by pressure, percussion or deep inspiration. Sharp pain is sometimes felt between

the scapulæ, never in either shoulder joint. Has lost flesh steadily since the commencement of his illness. Has no cough. Has neither headache nor backache. When he attempts to stand he gets shooting pains in both legs and his ankles swell.

Excessively wasted; skin dirty yellow, cold, dry and harsh. Tongue clean, pale, flat, moist. Temperature 98°.4 in mouth. Pulse 75, small, weak, regular. Abdomen tympanitic, gurgling everywhere on deep pressure, which is painless. No enlargement of liver could be detected, nor was there evidence of any abdominal tumour. Examination of chest negative. Urine faintly acid. No albumen.

During the night after his admission the patient had eight pale, frothy stools and vomited incessantly, but rest and warmth with carefully regulated diet brought about improvement, so that by the 16th February it was noted that "the passages are now two in 24 hours, fluid, but bilious and not frothy." Apparent improvement continued up to the first week in March, by which time the stools had become solid. There was however no increase in weight, and the patient's cachectic mien remained unchanged.

For the next fortnight constipation alternated with diarrhoea. When the passages were solid they contained bile, when fluid they were milky and charged with gas. Tympanites diminished, so that the liver could be mapped out with tolerable accuracy. The left lobe was slightly enlarged downwards, but no other morbid condition could be discovered by palpation or percussion. Meanwhile the patient lost strength rapidly, and began to wander. Œdema became general and permanent. The tongue was dry, hard, flat and fissured. Milk and soups were taken freely, but without appetite. Sleep was profound and undisturbed.

On the 18th March the entire body was eedematous, and the mouth was drawn to the left. From this out he never regained full consciousness. Urine and fæces were passed involuntarily, and although the ædema disappeared, and milk was freely drunk up to the 27th March, he was obviously sinking, and death occurred on the 28th.

The urine was normal in quantity and quality all through the case. The temperature was generally slightly subnormal.

Necropsy, 16 hours after death. Rigos mortis strongly developed. Body extremely emaciated. Very slight puffiness of the hands only. Skin yellow. Belly shrunken. Hardly any lividity of skin of back.

No blood flowed from incision of scalp. Calvarium thin and brittle. Dura closely adherent to it. When the brain surface was exposed there was a considerable escape of yellow serum. Membranes cloudy. Large quantity of subarachnoid fluid. The brain substance was diffluent, so that it was impossible to remove it whole. Ventricles distended with serum, much likewise flowing out of the spinal canal.

T.E

The thoracic muscles and sterno-mastoids were reduced to thin ribbons, bright scarlet. Abdominal muscles less wasted, violet. Not a particle of fat anywhere. General exsanguine appearance of viscera.

Pericardium distended with yellowish serum. Heart feuille morte: No coagula in cavities. No valvular disease of heart, nor of great vessels, the walls

of which were remarkably thin.

Both pleuræ contained much serum. Lungs ædematous; no deposit in apices or elsewhere.

The abdominal cavity contained a large quantity of yellow serum. The .. t mentum, from which all fat had disappeared, was shrunk into a mass which ... itestine shewed some slight vascular congestion,

when washed. The mucous

. fixed at its upper part by condensation of the surrouncing affector tissue. Transverse colon diminished to about one half its nat

it was full of blood, but not gorged. The s. granular. Blood poured from the gland on section. The ...

the middle line by about one inch and extended to a point 4 inches below ...... of the xiphoid cartilage. Weight 47 ounces. Under surface all round gallbladder and at apex of left lobe stained a deep violet, almost black. No disease discoverable. Gall bladder shrunken, containing only a little mucus. kidneys were normal in appearance, easily decorticated. Nothing to note on section. Left weighed 5 ounces; right 43 ounces.

The pancreas was replaced by a densely hard mass retaining to but a slight extent the shape of the normal gland. Macroscopically on section it had the appearance of scirrhus. The pancreatic duct was identified with difficulty, and a fine probe was passed some little distance through it from the duodenal end. The adjacent lymphatic glands were hard but did not sensibly compress the portal vein.

Sections from several portions of the tumour after hardening in Müller's fluid, uniformly exhibited the alveoli of the condensed stroma crammed with nucleated cells of irregular shapes and variable sizes.

The case was diagnosed as "Sprue," and cancer of the pancreas was not suspected. The stools were only once examined microscopically, about two weeks after the patient's admission. On that occasion no crystals of fatty acids were observed, nor were then any naked-eye appearances of fat at any time in the fæcal discharges. As disease was found nowhere but in the pancreas it would seem that the carcinoma was in this case primary, a sufficiently rare occurrence. Further, as it is well known that primary cancer of the pancreas spreads with great rapidity to neighbouring organs, the very slight implication of these latter indicates that the growth was of recent formation. Simultaneous degeneration of all portions of the gland would explain the absence of retention cysts.

#### DISLOCATION OF THE SHOULDER.

By NEIL MACLEOD, M.D., Edin.

Thirteen Cases of Shoulder Dislocation Reduced by an Easy, Rapid, and Painless Method, without an Anæsthetic, Apparatus or Assistant.

N experience of reduction of a dislocation of my own shoulder joint by the ordinary heel-in-the-axilla method without an anæsthetic, from the pain during and after reduction, and from some injury done to the insertion of the deltoid, naturally directed my attention to the injury and its treatment with a degree of interest somewhat greater than if some one else had been the subject. The result of this experience was published a year later in the Edinburgh Medical Journal for March 1883, in a paper formulating the principle of the method referred to in this note. No case had then turned up for trial, and a further delay of two years elapsed, when two cases presented themselves in one month. These were so successfully reduced by the method in question, that I published them in the British Medical Journal of 30th January 1886, describing the procedure made use of, and asking surgeons, who had more opportunities of meeting such injuries, to put the method to the test and report the results.

Since the publication of my paper in January of last year, nineteen communications on the subject have appeared in the *British Medical Journal*, some of these claiming priority for certain of the details, all of which were expressly declared in my paper to be old, and new in combination only, whilst others reported cases.

Whether the method be new or old is a comparatively small matter, though it is not yet apparent that it has been previously described, or, what is still more important, has had the following advantages claimed for it (and demonstrated in 18 out of 17 cases already attempted by myself and others), viz., that it is easy, rapid, painless, needs no anæsthetic, apparatus or assistant, and probably does no injury to the joint, advantages which would justify recourse to it in the first instance in all shoulder dislocation, even if successful in only one quarter of the cases tried, since it does not materially delay, or interfere with, the application of other methods when it fails.

So far the proportion of successes to failures has been thirteen to four.

Experience of failure and success has suggested slight improvements of the original method (a more detailed anatomical and physiological consideration of it will be found in the British Medical Journal of 30th January 1886):—

Place the patient on his back on the floor with the injured arm at right angles to the body, and tell him to lie limp and make no effort, that there will probably be no pain, and that if any is excited, it is to be reported, when the surgeon will desist. The surgeon sitting, on the floor, places his heel in the axilla, quiety takes the limb by the wrist and upper arm, and pulls in a line at right angles to the line of the trunk, at first gently and gradually increasing to a force of a few pounds, the arm being still on the floor or but slightly raised from it. As reduction may take place without any intimation, to ascertain if this has occurred, the hand may be placed on the joint, or the limb adducted. If necessary, repeat the traction with a greater degree of force, and should all the force that can be applied, short of giving pain, fail, whilst pulling outwards, gently rotate the limb first in one direction and then in the opposite.

When pain is excited either by the above-described traction or rotation, it is probable that this method will fail like any other in consequence of muscular spasm. The absence of pain in the thirteen cases that have been successful is noteworthy.

After failure, if it is determined to give an anæsthetic, I think it is probable that reduction can be made by this method as, if not more, readily than by manipulation, or by traction in any other direction.

It may seem unnecessary to caution the surgeon to examine the head of the bone after he may think he has failed to replace it, but in my first case, I was on the point of trying some other plan, thinking that this one had failed after using all my force, when, putting my hand on the joint, I found that reduction had taken place unknown to myself, to a surgeon who was watching the performance, and also to the patient himself.

The rationale of the method is shortly this: - the supine position is the only one in which complete relaxation of all voluntary muscles can be obtained, almost every other position requiring at least associated tonic action of some muscles. The absence of tonic contraction, not only of all muscles concerned in the movements of the joint, but also of all muscles associated with them, as in standing, sitting and other positions, is a consideration of more importance as to resistance and pain than appears at first sight. The arms stretched out follow the indication given by the patient when he supports the elbow-taking the strain off the deltoid, abducting the limb much more completely, and so in most cases entirely relieving pain. Traction at right angles to the line of the trunk is in the direction most nearly opposite to that of the force which generally causes the injury, and therefore the most likely direction by which the bone may come back to its proper position through the opening torn in the capsule and tissues, whilst there is also less likelihood of enlarging this opening. This direction of traction, more than any other, causes less resistance from most of the muscles concerned in the movements of the joint.

Mr. Miall, Consulting Surgeon of the Bradford Infirmary, suspects "that adduction is often the effective part of the reduction by manipulation," and certainly the thirteen cases described below considerably strengthen that suspicion.

I would feel greatly obliged to surgeons who may try this method as above described, if they would either communicate the results, successful or otherwise, to me directly, or to this Journal, noting particularly the presence or absence of pain and jerk, the amount of force used, and the presence or absence of pain after reduction.

Cases I & II are copied from the British Medical Journal of 30th January 1886.

"Case I.—A heavy, powerful, athletic man, aged 42, fell while hunting. Three-quarters of an hour after the fall, I found a subcoracoid dislocation of the left humerus. He complained of great pain when the arm was not supported. I laid him down on the floor with his arms extended. With my left heel in the axilla, I pulled the arm steadily, straight out from the trunk, warning him that this would be painful; and there being no jerk, or other intimation of reduction, I pulled and pulled more strongly, and, thinking I had failed, determined to try the ordinary plan of extension more in the line of the trunk. Before resorting to this, I placed my hand on the shoulder, and, adducting the limb, I was surprised to find the head of the bone replaced.

"On inquiry of the patient if the pain was great whilst I was pulling, he surprised me by saying 'there was none.' At the time, I could not tell at what moment reduction took place, neither could the patient, nor a surgeon who was looking on, and was interested in the experiment, which I had explained to him before setting to work. The pain after reduction was 'not worth taking notice of,' and was only occasional."

"Case II was that of a small, muscular man, aged 28. A fall from a pony resulted in a dislocation of the humerus. Before I saw him, three men had each 'had a pull' at the arm, a fourth fixing the trunk by encircling it with his arms; this gave great pain. A fifth bystander volunteered to try the ordinary heel-in-the-axilla method, but also failed. They decided that it must be something other than a dislocation. Three-quarters of an hour after the accident, I saw him in my consulting-room. There was a good deal of abduction of the elbow; the shoulder was slightly swollen; pain was complained of in the region of the lower third of the deltoid, and the dislocation was more subglenoid than subcoracoid, not typically either. Raising the elbow to the level of the shoulder afforded great relief; depressing it made him complain lustily. I laid him on the floor, with his arms extended at right angles to the trunk, and, having told him to lie still, asked him how the shoulder felt; 'Very easy,' was the answer. With my heel in the axilla, I made gentle traction on the arm straight out from the trunk, watching for a jerk, and using a force of from

five to ten pounds, so far as I could estimate. There was no jerk. Not expecting reduction, I placed my hand on the shoulder, and was so surprised to find it had taken place, that I had to adduct the arm completely before I was quite convinced. The patient refused to believe that it was done. Here, again, there was no pain during reduction, nor the slightest attempt at, or appearance of, resistance.

"In this case, immediately after the accident, while presumably the constitutional effects were still present, great force had been applied unsuccessfully in the same direction in which I applied a small amount successfully three-quarters of an hour later; the former failed with the man standing, the latter succeeded with him lying on his back. Likewise, lying down immediately after the accident, great force was applied, with the heel in the axilla, in vain, and a small amount of force in the same position, with the heel in the axilla, succeeded later; the former failed with traction in the line of the trunk, whilst the latter succeeded with the traction at right angles to that line. Whilst the first case may possibly have been one of those easily reduced by any method, the previous attempts at reduction make this unlikely in the second case."

Cases III & IV are copied from the "Surgical Memoranda," British Medical Journal, 22nd May 1886.

"Responding to Dr. MACLEOD's appeal at the end of his paper in the British Medical Journal of January 30th, I have to relate the following case:—

"Case III.—A man, aged 28, muscular, but not in very good health, had a subcoracoid dislocation of the left shoulder. Sixty hours after the accident, I found him supine, in bed. Abducting the arm to a right angle with the trunk, I pulled from above the wrist with moderate force. Reduction was immediate, and the pain trifling. No anæsthetic was used, and no counter-extension, beyond the weight of the body, was necessary; but I had my left hand on the head of the dislocated bone, to ascertain the progress of the case. A slight snap was heard at the moment of reduction.

"At a meeting of the Bradford Medico-Chirurgical Society, where I mentioned the case, Dr. Murray, of Burley-in-Wharfedale, related having reduced a case by a similar method, the patient being in the standing position. I suspect that adduction is often the effective part of the reduction by manipulation. Dr. Macleod has done service in formulating the procedure distinctly; and, if his method prove frequently successful, it must be considered a decided improvement, consisting, as it does, entirely in counteracting muscular resistance, to the exclusion of attempts to force the bone directly into its place.

"PHILIP MIALL,
"Consulting Surgeon
"to the Bradford Infirmary,"

"As Dr. Neil Macheon, of Shanghai, after describing this method in the Journal of January 30th, 1886, asks for the results of further experience in the reduction of dislocations of the shoulder by his plan, I think it due to record a most satisfactory case:

"" Case IV.—A very muscular young soldier, aged 24, height 6 feet 2½ inches, was brought into hospital with the following history. When at gymnasium practice, he fell over 'the horse' on the point of his shoulder, and sustained a very marked subglenoid dislocation of the head of the humerus; there was a hollow below the acromion, large enough to hold the fist, and the head of the bone could be felt far down on the anterior border of the scapula. The slightest movement towards adduction of the limb, caused him great pain down the inside of the arm and at the insertion of the deltoid; and, without chloroform, it would have been impossible to reduce the dislocation by the usual methods without causing great suffering, and attempts thereat most probably would have ended in failure.

"I placed him on a mattress laid on the floor, and gently moved the limb to a position at right angles with the body, the pain being thus completely relieved. I then placed the approximate heel in the axilla, or, rather, against the side of his chest, and gradually applied traction to the upper arm, in the 'right angle' direction, the force never exceeding more than about two pounds, and not causing the least pain or spasm. In about thirty-five seconds, this formidable dislocation was reduced, entirely without the patient's knowledge, without pain or spasm, without the usual click, or, in fact, any subjective symptoms whatever. He could not believe the joint was all right, until complete adduction without pain convinced him of the fact. I must mention that the joint had not been dislocated before.

"Such a satisfactory result as this I think worth recording; for, if further experience teach us that such results will be general, all will, I am sure, agree that one of the most frequent, formidable, and painful injuries of every-day life, will be robbed of all its terrors. When a house-surgeon, I have reduced many dislocations of the shoulder by Koch's method of manipulation, but have failed in some, and had to give chloroform; but in no case could I have given a more unfavourable prognosis, and produced so pleasing a result as this one, reduced by Dr. Neil Macleob's 'right angle traction' method.

"W. BEEVOR,
"Surgeon, Scots Guards."

Cases V and VI are reported by Dr. Henderson, of Shanghai. One of these was of twelve days' standing. My method having been tried without success, the ordinary heel-in-the-axilla plan was followed by the same result. Chloroform being given, traction outwards from the shoulder returned the head

of the bone with the greatest ease. The other case, reported by Dr. Henderson, was reduced by my method without pain, quickly, and with very little effort.

Case VII was a somewhat instructive one, attempted by Dr. Milles, of Shanghai, and myself. There was considerable pain complained of, and every attempt at adduction during the performance, to see if reduction had taken place, increased it. Both of us tried the application of as much force as we could exert, and failed, without, however, exciting any pain. Dr. Milles put on a clove hitch by means of a towel, and looping a second towel over one of his own shoulders and through the first one, he was still unable to replace the head of the bone, and still gave rise to no pain. While still pulling outwards, a little rotation was accompanied by a slight jerk as the reduction took place painlessly.

Case VIII was that of a very powerful man who had fallen down stairs and came to me six hours after the injury. He had been drinking and was still so much under the influence of liquor, that he would insist upon assisting me and would not lie quiet. So far as I could judge, pain was excited by traction outwards even when a little force was used. Under the influence of ether, a gentle pull outwards sufficed to return the head of the bone.

Case IX was of 12 hours' standing. The shoulder had been injured on some previous occasion and was now considerably swollen, whilst the elbow joint of the injured arm was anchylosed from an old injury at an awkward angle. I am not quite certain that the patient, a Chinaman, understood the order to lie lax, at all events pain was felt on traction outwards and resistance excited, so chloroform was administered, and reduction took place, without any jerk, on the arm being pulled outward with a force not exceeding a few pounds.

Case X is reported by Dr. LITTLE, of the Shanghai General Hospital—a failure.

Case XI, also reported by Dr. LITTLE, was a success.

Case XII is reported by Fleet Surgeon Longfield in the "Surgical Memoranda" of the British Medical Journal of 6th November 1886, a subglenoid dislocation by direct injury. He says, "of myself, my colleague, or the patient, I can scarcely say which was most pleased or surprised at the simplicity and rapidity of the proceeding. He had clearly felt no pain during the reduction, which as certainly had not occupied more than three seconds in its completion."

Case XIII is reported by Dr. LYCETT in the same Journal, of 11th December 1886:—"On November 18th, a stout, muscular horse-dealer, weighing about sixteen stone, slipped from the edge of the pavement, falling on his left side, with the arm outstretched to save himself. He had to be assisted to get up, and was taken home, complaining of much pain about the shoulder, and inability to use the arm. Supposing that he was suffering from a sprain, the shoulder was rubbed by his wife with some liniment. After four days, however, finding

no relief, he sought my advice, when mere inspection indicated a subglenoid dislocation of the humerus.

"Being aware of the difficulty sometimes attending reduction by the usual method, even with anæsthesia, and appreciating the rational procedure of Dr. "Neil Macleon, recommended in the Journal, I adopted his recommendation with great success; for without an anæsthetic, and using only gentle traction, the head of the bone was immediately reduced with a perceptible sound and movement. The patient stated that the manœuvre caused no pain.

"JOHN A. LYCETT, M.D."

" The Hollies,

" Graiseley, Wolverhampton.

Case XIV is reported by Dr. Withers, in the Journal of 18th December 1886, also a subglenoid dislocation by direct injury:—"By gentle traction of the "arm at right angles to the trunk, I found the head of the bone slipped quite "easily into its place. No anæsthetic was needed," he writes.

Case XV, also a successful one, is reported by Dr. UNDERWOOD, of Pageda Anchorage, Foochow. It was subglenoid, and traction alone failed, but with rotation it succeeded in replacing the head of the bone without pain, as in Case VII.

Case XVI.—Dr. Peacock, of Bolton, reports a subglenoid dislocation in a woman of seventy years of age, of ten days' standing, in which he "tried the older methods of procedure without success. Then," he writes, "I determined "on trying right-angular traction, which succeeded immediately, with very little "force needed. I strongly recommend the mode of procedure in all similar cases." (British Medical Journal, 15th January 1887, page 142.)

Case XVII.—Dr. Allen writes from Seoul, March 9th, 1887, "three days ago I had an opportunity of trying your method of reducing a dislocation of the shoulder. It went readily into position with great relief to the patient."

# A CASE OF RUPTURE OF BLADDER WALL, FROM INJURY: EXTRA-PERITONEAL EFFUSION—OPERATION—RECOVERY.

By H. W. Boone, M.D., -Surgeon to St. Luke's Hospital, Shanghai, China.

Q., male, 35, married, opium-smoker. Two days ago, in the early morning, while walking a narrow gang-plank with a heavy load on his shoulders, the plank turned edgewise and he fell astride of it, striking on his perineum with great violence. He has not passed his water for 48 hours. Admitted at 7 A.M., July 29th, 1886. When first seen by me at 9 A.M. he had a very extensive extravasation of blood in the perineum. The penis, perineum and the inner sides of the thighs were bruised, swollen and quite black. The scrotum was black and nearly as large as the head of an infant at birth. He has great pain; no desire to pass water. Abdomen much distended; dull all the way from one side to the other for nearly half the space between the pubes and umbilicus. The areolar tissue above the pubes was distended and gave a doughy feeling. Change of position did not alter the signs. A careful attempt was made to pass a silver catheter, and afterwards, an olive pointed gum catheter into the bladderboth attempts failed. The perineal region appeared to be literally mashed up. With full asceptic precautions a fine aspirator needle was plunged into the hypogastric region; five ounces of clear urine came; the flow then stopped. Withdrew the needle and cleared out a blood clot. Reinserted; no flow. The patient is a feeble and much emaciated man; a broken down opium-smoker. As he was suffering greatly and was very faint, he was allowed a pipe of opium, then an egg with 1 oz. of brandy; and he had a warm bath and clean clothing. soaked in a solution of carbolic acid, 1 in 40, was placed over his abdomen, covered with oiled silk and a binder, and the patient was put to bed. At 2.15 p.m., after consultation with Dr. LEACH, of the U.S. Navy, who agreed with me that we had, in all probability, a case of extra-peritoneal rupture to deal with, I decided to make an exploratory incision above the pubes, let out the extravasated fluid, and search for any rent in the walls of the bladder; sewing up the rent when found. An incision 4 inches long was made above the pubes in the median line. As soon as the skin was cut through about 30 ounces of clear fluid flowed out : it had a faint odor of urine. The cedema of the parts diminished so that the symphysis pubis could be clearly felt. With the knife, and when possible with a director, the tissues were carefully separated in the mid-line. On reaching the bladder it was found very slightly distended, fluid came from the space outside of the bladder to the amount of more than 3 quarts. No wound could be found in the external aspects of the bladder. Evidently there was some small hole which, when the bladder was distended, allowed the urine to flow out into the subperitoneal region. The peritoneum was pushed high up and could be felt above the wound. I decided to open the bladder and search for the hole in it. A curved needle on a handle was threaded with a double loop of carbolized silk; the bladder was transfixed by the needle and held up, then opened; about 6 ounces of slightly bloody urine flowed out, and some small blood clots were found. I then examined the cavity of the bladder with my finger. A slight depression or pucker to the right side about at or near the junction of bladder wall with prostate was found, large enough to allow of leakage when the bladder was distended. When the bladder was empty this very small slit would have its sides in close apposition. I now tried to pass an olive pointed French gum catheter through the neck of the bladder, along the urethra to the meatus, but was unable to do so. The whole cavity was freely irrigated with a hot solution 1 in 100 of pure carbolic acid; a large red rubber drainage tube was placed in the bladder and secured to the abdominal wall by two catgut stitches. The bladder wound was then stitched to the wall of the abdomen with catgut and the wound closed. An incision was was made in the scrotum on either side of the raphé, and an incision in the perineum. This let out the clotted blood in those parts. There was not a drop of urine extravasated in the perineum or scrotum. The abdominal wound, the scrotum, and perineum were then dressed with Iodoform, one "Gamgee Pad" applied, and over all oakum and bandages. The patient reacted well and awoke after one hour of quiet sleep. His temperature the next afternoon was 103 5. He was given a dose of salts, followed by an enema, and passed two large and offensive stools. He felt greatly relieved, and the temperature fell. After this the highest temperature recorded was 99-6. The patient was quiet and cheerful. The dressing was changed the next day. After the operation, abdomen flat, wound healthy, swelling in scrotum and perineum going down. August 7th .- Removed the drain tube and inserted a soft rubber tube 21 ft. long. This tube passed through the dressing and it was kept in a vessel containing solution-perchloride of mercury. August 16th .- A small swelling was found in the perincum; it was opened and a few drops of pus and urine let out. About this time I was compelled to leave Shanghai on account of an illness. On my return I found the patient in good condition with regard to his bladder trouble; perineum quite sound; passing all his water through the India-rubher tube above pubes. He could keep it for two or three hours and then let it run off. Neither he nor his friends were contented with this. They wanted to know if I could restore the urethra. He is suffering from intermittent fever; has had an attack every autumn for many years. I put him upon special treatment for this. October 16th, as he was quite free from fever, assisted by Dr. Jamieson, I made a perineal section by the method of Wheelhouse. No entrance into the bladder could be found; not even a bristle could be inserted. After careful trial to find the old passage had failed, I cut down in the line of the urethra and made

a new opening; then passed a No 24 French steel sound from the meatus into the bladder, to make sure that the whole canal was free, and withdrew it. The india rubber tube was removed from the opening above the pubes and the patient was put to bed. He made a good recovery. The hole above the pubes-closed in a few days, the wound in the perineum healed up, and a No. 22 soft French catheter could be passed through the meatus into the bladder without the slightest difficulty. Just at this time the patient had a return of his old malarial trouble, November 2nd, and was prevented by it from going home. Under a course of arsenic and iron he recovered and was discharged cured on the 21st of November. This was clearly a case of rupture of the bladder and effusion of urine. The symptoms pointed to an extra-peritoneal effusion, and an incision was made in the abdominal wall. Had the case proved to be one of intra-peritoneal effusion I could easily have opened the peritoneum, through this same incision, and then performed whatever was needed for the further relief of the patient. The very small size of the opening in the bladder wall made it difficult to find, and I trusted to the free drainage and absence of pressure on the rent to put it in a safe position to heal. After all parts of the cavity opened into had been freely washed out, and the bladder wound was stitched to the abdominal wall, the patient improved without a single bad symptom. If it had not been postponed on account of my unavoidable absence from Shanghai, I should have performed the final operation sooner and the man could have returned home at an earlier date. At the time when the opening into the bladder was made, I did not cut down in the perineum for the purpose of establishing the canal, but only to let out the extravasated blood in that region. My reasons for this course were that, owing to the disorganization of the perineal region, by the violence of a direct blow on the parts, the chance of success in establishing a new urethra at the time of the operation seemed to be problematical, and drainage through the broken and lacerated parts meant urinary infiltration and sloughing. By free drainage over the pubes I succeeded in preventing infiltration and sloughing. There was never at any time serious trouble with the perineum or scrotum. Ruptures of the bladder fall into two classes, Traumatic and Idiopathic. In either form they may be extra-peritoneal, sub-peritoneal, or belong to the still more serious class of intra-peritoneal ruptures. The usual symptoms of rupture of the bladder are, great pain, a feeling as if something has given away, difficulty, more or less great in standing or walking, desire without the power to pass the urine. Sometimes, however, patients are able to micturate even with this injury. When a catheter can be passed into the bladder, blood or only bloody urine is " withdrawn. Sometimes it will be difficult to depress the instrument between the patient's thighs; again, the point of the catheter may pass through a rent in the bladder wall and penetrate into the peritoneal cavity, when a large amount of fluid may be drawn off. The urine will only flow guttatin, or well up alongside of the catheter, or else it will come out with an ebb and flow movement

corresponding to the movements of respiration. This latter sign is pathognomonic of ruptured bladder. In intra-peritoneal ruptures symptoms of peritonitis will appear after a time. In two most instructive cases of intra-peritoneal injury, narrated by Sir W. MacCormack, in the No. of the Lancet, December 11th. 1886, the peritoneum at the time of the operation was free from any inflammatory change; one case for nearly 19 hours after the receipt of the injury, in the second case 26 hours had elapsed. From the successful result in both of the above cases it appears that the proper treatment of intra-peritoneal rupture of the bladder is to perform laparotomy at the earliest possible moment after the receipt of the injury and before serious inflammatory trouble has been set up. The complete closure of the rent in the wall of the bladder-there may be more than one rentby sutures inserted through the whole thickness of the serous and muscular coats. carefully avoiding the mucuous coats, is of the greatest importance. "The "serous surfaces should be inverted, brought into close contact, and the first and "last stitches inserted quite beyond the extremities of the wound, so that leakage "at either angle (the most common place for it to occur) may be rendered "impossible." The sutures should be of fine carbolized silk, using an ordinary fine carved needle. Introduce the sutures after Lembert's method, including the serous and muscular coats only, at intervals of about a quarter of an inch apart. Should the closure at any place not be perfect, introduce a few more interrupted sutures. The bladder should then be moderately distended with a weak solution of boric acid through a catheter, to see that it is watertight. Wash out the abdominal cavity with a couple of gallons of water boiled and cooled down to 98° F. of a 1°/o solution of boric or carbolic acid. Do not sponge the peritoneum. Close the peritoneal and surperficial wound by deep interrupted stitches of carbolized silk. Insert a small short drain at the lower part of the external wound. Employ a thoroughly asceptic dressing; draw off the urine by catheter 4 times in the 24 hours, if the patient does not pass it freely. Two points of great importance are insisted upon by Sir W. MACCORMACK. He says: "Many cases [of Rupture of the Bladder] are upon record where the lesion was "not diagnosed for several days, nor until the occurrence of severer symptoms not "only made the injury clear but completely contra-indicated operative interference." Then he says: "The only manner in which an uncertain diagnosis can be made "certain is by practising an exploratory laparotomy with greater frequency. I "would strongly urge therefore the necessity for an earlier interference and bolder "practice." The above has to do with intra-peritoneal ruptures; still, the cases of rupture of the bladder cannot always be divided into intra and extra peritoneal injuries with certainty unless an exploratory incision is performed. A suprapublic cut gives a chance of exploring the parts by inspection and by the surgeon's finger. In the case of an extra-peritoneal injury the rent can generally be found and secured without opening the bladder, or opening into the peritoneal cavityand should it become necessary to open the bladder it can readily be done. If

the case should prove to be one of intra-peritoneal rupture, the incision can be extended and the operation completed then and there. Mr. WALTER RIVINGTON, in his recent admirable article in Heath's Dictionary, lays down the following rules: "In extra-peritoneal ruptures, cystotomy, combined with incisions above "the pubes and into any parts where extravasated urine finds its way, will offer "the best prospect for the patient." By cystotomy, I take it that he means perineal cystotomy. In many cases of extra-peritoneal rupture this plan would do. Yet, I think that the plan of an exploratory incision above the pubes-and suture of the rent in the bladder wall, would be the best for some cases. There would be less chance of the formation and extensive burrowing of pus than when we opened the bladder in the perineal region and trusted to "incisions above the pubes and into any parts where extravasated urine finds its way." The rent in the bladder can, in nearly all cases, be sewed up; if not, a drain can be inserted, thus taking off the pressure from the sides of the wound, and putting it in the best condition for healing. The parts can be thoroughly irrigated with an antiseptic solution and properly drained. By this method we leave less to chance than we do by any other method which has been proposed up to the present time. In cases where more thorough drainage is needed the plan proposed by Dr. Robert F. Weir, of New York, should be followed. This eminent surgeon proposes [Medical News, December 4th, 1886]: "Should "any suppuration occur and be detected of the prevenical tissues, the experience "had in the treatment of rupture of the bladder, and its attendant extravasation, "must be kept in mind, and drainage be essayed by carrying downward a long "dressing forceps behind the pubes, and cutting on its point in the perineum, and "by pulling through this a tube sufficiently large for the easy flushing and draining "of the gravitating pus and urine." On my return from Chefoo my patient was quite well, and I would have been content to let him go home, as he could hold his water for several hours at a time and then let it off by unclamping the tube. Mr. FREDERIC TREVES, of the London Hospital, narrates a case [Lancet, June 19th, 1886]. In this case the man had a severe urethral stricture, of traumatic origin and 20 years' duration. He came under treatment for retention of urine, and his bladder reached to the umbilious. "August 27th, 1885 .- The bladder "was punctured above the pubes. A rectum trocar was used and the cannula tied "in. Three pints of urine were removed." "On September 12th a soft rubber "empyema tube was introduced after having been cut down to about 3 inches in "length. This was retained by a simple contrivance of bands and elastic cords, "and closed with a wooden plug. The patient got up and was discharged on "September 19th. He returned May 25th, 1886." "He has passed no urine by "the penis since he left the hospital. The same tube is retained and gives rise to no "inconvenience. He empties the bladder about four times daily." In my patient practically the same result was brought about as in the patient of Mr. TREVES. With this I was quite satisfied, well knowing from long experience the difficulty

of permanently conquering traumatic strictures. In China, however, one has to allow very often for the prejudices of the natives. My man and his friends could not believe that he was cured, although they saw that he was in better health than even before the receipt of the injury. They pestered for what they considered a perfect cure. They always believe that the Foreign Doctor can do anything, if only he chooses to. I therefore restored the canal of the urethra, taught the patient to use a catheter, and let him go. My thanks are due to Dr. Leach for his valuable assistance and for his wise counsel and ready help in the many surgical cases we have seen together.

#### CORRESPONDENCE.

#### A LINE FROM PEKIN.

It is a cause for congratulation and handshaking all around that we doctors at last are to have a journal of our own. Each number, as it appears, will seemingly, in our own eyes at least, increase our importance to China and the world at large, besides giving us the opportunity of talking together about our work and airing our grievances in a proper style. Not that as a class we feel we have any thing of importance to complain about, but it is a satisfaction to know that if at any time we do so feel, we can through the medium of our own magazine take the public into our confidence and tell them all about it.

In these stirring times no organization seems to consider that it is doing its duty to itself or to a benighted world unless the great things it has already, or is about to accomplish, are fully set forth in its own "organ." However, the promoters of the China Medical Missionary Association, in starting a new quarterly, are wisely keeping up with the times, a position in which doctors are always to be found.

Let us then say, "Welcome" to the China Medical Missionary Journal, and give it a front place along with the The Recorder and Pehin Gazette on the study table.

We must however remember that the "survival of the fittest" is as certain in literature as it is in nature. If we all take hold and make the Journal a brisk, lively success, it will succeed, but if everything is left to our able editors, even their well known medical skill may not be able to prevent atophic and degenerative changes.

We have each in this respect as medical missionaries a duty to perform. In the first place we can assist in getting subscribers. Let it be thoroughly understood by the laity that we shall expect them to consult the Missionary Journal as often as they do their Bibles or Williams' Dictionary, and let us agree to "boycott" as to drugs and treatment any patients unwilling to subscribe or who confess that they and their families can be happy without it-and see how the subscription list will speedily lengthen. In this matter of successfully using the "boycott" we have an advantage over clerical brethren and the Recorders, since possibly there are those in China who might not be as much terrified by being deprived of sermons as they would were medicines and the doctor's visits to be cut off.

Besides thus endeavoring to gladden our editors' hearts by many subscriptions, all paid for in advance, coming in from all quarters, we must also try to help them provide the necessary pabulum for the hungry subscribers.

This can easily be done if we jot down the brilliant thoughts and any notes on the interesting cases which occasionally present themselves to our minds or at our clinics, and send them along in time for the "next-number." Perhaps also a desire to be the author of some of the excellent articles, as yet unborn, of original research, which will doubtless appear in the columns of the Journal, may drive some to diligent study in the laboratory or with the microscope, the

result being fame to ourselves and our Association as locaters of the long recognized but as yet unlocated special sense which renders the average native of China oblivious to smell or dirt, or as discoverers of the microbe which causes our cooks to squeeze so maliciously.

But all of us will have neither the time nor opportunity, though of course the ability is not wanting, necessary to become authorities in Bacteriology and Physiology, still we can each keep in mind the main purpose for which we have come to this Empire, and through the medium of our new publication cheer one another's hearts with reports of our successes not only in benefitting the bodies, but, which is equally in accordance with our duty as missionaries, the souls as well, of our patients.

While writing then of remarkable cures, skillful operations and new discoveries, let us also stir one another up by facts which show we are neither barren nor unfruitful laborers in the spiritual kingdom of our Lord.

B. C. ATTERBURY.

#### A LINE FROM FOOCHOW.

#### To Editor, Medical Missionary Journal of China.

DEAR SIR,-Is it not an occasion of rejoicing that an organization of a Medical Missionary Association of China has been effected? I have been waiting seven years for this result, and I think the time has more than come that the missionary physicians of all nationalities and Societies in China should gather up for their own and others' use what can be made of practical value in furthering the interests of Christianity and medical science. The more than seventy physicians of both sexes in China, educated in the best medical colleges of either England, Germany, or America, ought certainly to do justice to such an undertaking.

If I may be allowed, I would like to call attention to some of the practical phases of the work before us, which I hope will find a ready response from the other members of the Association.

I .- I think we should have on permanent record in our "organ," and at as early a date as possible, carefully prepared "tables" of climate from all parts of China, covering a period of not less than one year but longer if possible. Such tables should contain the maximum, minimum, and average of heat and cold, moisture and drought; the prevalence, strength and direction of winds: the frequency and severity of electric showers or storms; the amount of frost and snow, if any; the length of stormy, cloudy, and pleasant weather, and the season when either is the most common; the season of dusty atmosphere and dust storms, as in the North of China; the time, number, direction and severity of typhoons; the elevation of stations or outstations, and the general contour of the surrounding country.

2.—A record of the healthfulness of each station; the prevailing diseases, and especially those to which foreigners are subject; information as to the causes of the irritability, nervous exhaustion, and general breakdowns which we have to contend with in various localities.

3.—Statements as to the ability to obtain from native sources articles of food, clothing and furniture such as can be used by foreign residents, or any native drugs and utensils which a physician might make use of in carrying on medical work.

The utility, of a large part of any such information as indicated above, will be seen when it is known how constantly many of these points are called up by the Secretaries of the various Missionary Secieties at home in trying to decide whom it is best to send to this, that or the other place, or whether it is safe to send them at all; and also by those under appointment, in determining whether they are fitted physically for any particular locality. Moreover, in providing a domestic and medical outfit, it would often

save time, a great deal of perplexing planning, and sometimes hundreds of dollars, if they could know beforehand something reliable as to the condition of things where they were going to labor. It is true a good deal of this outfit information is scattered about at home, but in such a form that when it is wanted it is about as useful as the thousand and one prescriptions that are usually volunteered by the laity when a person is sick and no physician is at hand. So that it often happens that when an appointment is made, there is a general stir for information about the field where they are going. The Secretary furnishes all he has at command. They collect all they can from friends and guess at the rest. The result is that scores, and sometimes hundreds, of dollars are spent for what they afterward find is not needed or could have been substituted in the field much cheaper. Those who have "tasted" of these things will appreciate the call for the remedy. No one is in a better position to render reliable information of this kind than the physician. as a part of his duties require him to think of these things. Such information would also be of educational and scientific value. It seems wise to call attention to these points early, as it will take some time to gather all of the information here suggested. Those who live in the open ports of course understand that the Chinese Imperial Maritime Customs Semi-Annual Medical Reports will be of service to them in various ways, as the separate reports are carefully prepared by the Customs' or community physicians, and in some instances by missionary physicians.

H. T. WHITNEY,

#### THIS JOURNAL.

AN ORGAN FOR ALL THE MEDICAL MEN IN CHINA,

This, the first number of our Journal, comes before the medical men of China as a Medical Missionary Journal, Medical

mission work is only one branch of the great medical work of the world, one that is most heartily acknowledged and helped on by the leading men of the profession at home. In this first number, medical men. not missionaries, have shown their sympathy with the Journal by writing tor it, thus giving the answer to the question-How does all this affect the medical men in China who are not medical missionaries? First by applying to any medical missionary they can, free of expense, become members of a respectable Medical Society. Second, the proposed Medical Journal furnishes an organ for all the foreign medical men in China. They are invited to write for it, to air their views on all matters, medical, surgical, or connected in any way with their profession, on which they desire to express an opinion. They can learn what is going on throughout this vast empire, in relation to medicine and surgery. They can help materially to build up proper medical education for the Chinese. By their sound common sense, as men of the world, they can moderate and direct the medical missionary, should his zeal lead him into unwise methods of work. There is much sound learning and a liberal share of ability among the medical men at the various Treaty Ports in China, They do good work, but they hide their light under a bushel. There are some able men, with a vast experience, among the medical missionaries. Let these two elements fraternise; they have only to know and understand one another better in order to develop that mutual respect and liking which should exist between brothers, fellow members of one of the noblest professions in the world. If we will only work, write for, and support this Journal, we can (with more than 100 contributors) make a success of it. As we shali exchange with other Medical Journals all over the world, any item of interest in our pages will be copied, and we shall, for the first time, keep touch with the rest of the Medical Profession in the world. The advantages to us here in China, from the sucgessful working of the above scheme, are too obvious to need any further remark. With a cordial invitation to the Medical Profession in China to join us in carrying out this work to a successful and happy issue, I remain their friend and fellow-worker.

H. W. B.

MEMBERS OF MEDICAL ASSOCIATION.

SHANGHAI, March 18th, 1887.

To the Editor of the Medical Missionary

Journal.

DEAR SIR,-The following persons having submitted their votes in respect to the formation of a Medical Missionary Association of China, and the various officers of the same, may be considered as members of this organization:—Dr. A. P. Peck, P'ang Chuang; Dr. Henry H. Porter, Pang Chuang; Dr. Mariama Holbrook, Tungcho, Peking; Dr. A. W. DOUTHWAITE, Chefoo; Rev. J. C. Thomson, M.D., Yuen Kong; Dr. John A. McPhun, Swatow; Dr. John C. Stewaet, Nay-fwoh fu; Dr. Geo. B. Crews, Peking; Dr. W. R. Lambuth, Peking; Dr. W. A. Deas, Wuchang; Dr. Mary H. Fultton, Kwai Ping; Dr. Dugal Christie, Moukden, (New-

chwang); Dr. V. C. MURDOCK, Kalgan; Dr. H. P. WHITNEY, Foochow; Dr. ROBERT TOLLIMAN, JR., Chinan-fu; Dr. L. HOWARD KING, Tientsin; Dr. MILDRED PHILIPS, Soochow; Dr. P. B. COUSLAND, Swatow; Dr. S. A. HUNTER, Chefoo; Dr. J. G. KERE, Canton; Dr. R. C. BEEBE, Nanking; Dr, JOHN M. SWAN, Canton; Dr. W. E. MACK-LIN, Nankin; Dr. B. C. ATTERBURY, Pekin; Dr. GEO. A. STEWART, Nanking; Dr. WILLIAM RIDDEL, Swatow; Dr. R. MAC-DONAL, Fatshan; Dr. JAS. B. NEAL, Tungchow-fu; Dr. J. K. MACKENZIE, Tientsin; Dr. H. W. PARK, Soochow; Rev. L. H. GULICK, M.D., Shanghai; Dr. H. W. BOONE, Shanghai; Dr. ELIZABETH REIF-SNYDER, Shanghai; Dr. E. M. GRIFFITH, Shanghai.

I would respectfully call the attention of the above-mentioned members and others desiring to enter the Society to By-law No. 7, in respect to iniation fees and yearly dues. Kindly forward these to me, as Tressurer.

Yours faithfully,

E. M. GRIFFITH, Sec. and Treasurer, Med. Mis. Ass'n. of China.

St. John's College, Shanghai.

#### NOTES AND QUERIES.

Does the Hanlin College at Peking still confer medical diplomas?

Is "Stone in the Bladder" anywhere so common as in Kwangtung, where, since the first lithotomy by Dr. Parker at the Canton Hospital in 1844, to the end of 1885, no less than 1,057 cases have been operated upon by lithotomy and lithotrity, exclusive

of a large number of urethral and preputial calculi extracted?

Is it so prevalent in Corea as reported some time since; and what is known of the potent dissolvent of the native physicians there, which potion "relieved in a few hours, after long and terrible sufferings," the French missionary Bishop Ferreol, about 1850? Mayers, in his Chinese Government, has two references to the "College of Imperial Physicians" (太智元), "in which the officials are all Chinese, not Manchus, and almost invariably natives of Peking." Will somebody enlighten us on that "College?"

A late number of the N. Y. Medical Record was making sport of the Homeopathic-dose character of the Chinese physicians' fees.—We have heard of \$100 fees. What is the regular system of fees, which the Middle Kingdom says exists? Is the fee not generally in accordance with the means of the patient or left to his generosity? What should be the course of the medical missionaries in this matter?

Now we have a Society for all China, we trust it wont be very long before we can have a Dictionary of Medical Terms for all China. The various systems now in vogue have little or no uniformity, which there must be if now we intend to work together as a body.

Some time since a Chinaman with the Northern term or terms hunted over Canton and Hongkong for Iodide of Potash without success until Dr. KERB's term was given to him, which with his other terms are more or less known in the South. Dr. KERR has an embryo Dictionary, but there would need to be a consensus of opinion to give us one available for the whole of China. Why might we not have a Committee on Medical Terms. for each Province; these Committees to compare terms and come to some understanding before the proposed General Gathering of Medical Missionaries, when the whole subject, properly presented, might be discussed and acted upon. At best our medical literature is very limited; certainly we wish it to be as widely available as possible.

Dr. Kerr, who has done most in this field, and whose upwards of two dozen volumes have been sold in considerable quantities, even to Peking and Hankow, would, we are sure, gladly adapt them in terms and price if they could be thus rendered more generally useful.

A late American paper appeals for the formation of a "Red Cross Alliance in China." Why is it not the province of this Society to make that move? The sufferings and brutal treatment of the Chinese soldiery cannot but elicit our sympathy; and we know that some of the high Chinese are beginning to manifest humanitarian feelings in this direction. Can we not do more for the soldiers?

#### EARTHQUAKES.

The following are some of the most important earthquakes that have been reported to have occurred in the eastern part of Asia, including Japan and the Philippine Islauds:

- In 1596, July 12, several cities in Japan were ruined and several thousand people perished.
- In 1703, Yeddo, Japan, ruined and 200,000 people perished.
- In 1731, November 30, in or about Peking China, 100,000 people perished.
- In 1830, May 26 and 27, in Canton, China, and the neighborhood, about 6,000 people perished.
- In 1863, July 2 and 3, in Manila, Luzon, of the Philippine Is., about 10,000 people perished and there was a large destruction of property.

# The China Medical Missionary Youqual.

Vol. I. MARCH 1887. No. 1.

# INTRODUCTORY.

The Editors of the China Medical Missionary Journal send greeting to their fellow laborers and members of the Medical Missionary Association of China, and present the first Number of the Journal which you have delegated us to publish.

We desire in the outset to state distinctly that this is not our enterprise, and that we have only an equal share with each of you in its inception and future career. While you have placed in our hands, for the time being, the duty of conducting the Journal, we must look to you mainly for the material which is to make it valuable to us all as Medical Missionaries, and in some degree, we hope, to the Medical Profession.

Our calling as physicians is to relieve bodily suffering, and to make this benevolent work auxiliary to the higher and more important object of making known the gospel to those who are in ignorance of the message of salvation.

Our profession is regarded as a noble one in that it brings relief to suffering and pain, to which all the race is liable. But when we spend our lives among a strange people, uncongenial to us in their ways, and devote our knowledge of the healing art to their good, in order that we may lead them to the acceptance of those truths which are necessary to the salvation of their souls, we consecrate a noble profession to the noblest object that can engage the human mind.

Our blessed Savior, during his short mission of three years on earth, had two objects in view in healing disease: one was to attest His divinity by His miraculous power, and the other to gain the confidence of the people by showing that his mission was one of love and benevolence.

In imitation of Him, we aim to accomplish only the second object, and the vast superiority of Western practice over the crude systems of native doctors gives us the means of doing this with an effect which must carry conviction to all. Let us therefore devote our energies to the great work we have in hand, and ever look for that blessing which is needed to open the blind eyes of our patients to see and receive the truths of the gospel which we present to them.

We find prevailing in China not only false systems of religion but false theories of medicine, and while we aim to give them a system of religion founded on eternal truth, we will also endeavor to introduce a knowledge of the sciences on which is founded a rational system of medical practice. Medical education is therefore a legitimate department of our work, and we will do no less good in training native physicians than in ministering directly to the suffering and diseased.

We may therefore state the objects we have in view, as follows:-

- 1st.—Healing the sick in hospitals, dispensaries and at the bedside;
- 2nd .- Training native physicians and nurses;
- 3rd.—Making both of these objects auxiliary to the spread of the gospel and the establishment of the Christian Church in all China.

The Medical Missionary Association will be a bond of union among a body of workers having a common object in view, and the Journal will be a means of inter-communication which we trust will prove a great benefit to all. Our number is increasing every year, and the department of work which we represent will, in the future, be one of the most important of the agencies by which the millions of China are to be won for Christ.

J. G. K.



# OFFICIAL NOTICE.

SHANGHAI, March 18th, 1887.

To the

MEMBERS OF THE MEDICAL MISSIONARY SOCIETY.

As two of the delegates elected to attend the Medical Congress (Doctors Parker and Mackenzie) find it impossible to serve, it devolves upon the Secretary to call for another election. The following gentlemen have been nominated in their places—Dr. A. LYALL and Dr. D. B. McCaree.

Trusting that the votes will be sent in at as early a date as possible,

Yours faithfully,

E. M. GRIFFITH, Secy., Med. Mis. Ass'n. of China.



# CONSTITUTION AND BY-LAWS

OF THE

# MEDICAL MISSIONARY ASSOCIATION OF CHINA.

#### CONSTITUTION.

#### ARTICLE I.

This Association shall be called the MEDICAL MISSIONARY ASSOCIATION OF CHINA.

#### ARTICLE II.

The objects of the Association shall be-

First.—The promotion of the Science of Medicine amongst the Chinese, and mutual assistance derived from the varied experiences of Medical Missionaries in this country.

Second.—The cultivation and advancement of Mission Work and of the Science of Medicine in general.

Third.—The promotion of the character, interest, and honor of the fraternity by maintaining a union and harmony of the regular Profession in this country.

#### ARTICLE III.

The Members shall be graduates of a recognized regular medical college, with proper testimonials from the Missionary Society under whose auspices they are laboring. They shall be proposed, in writing, at a regular meeting by one Member of the Association, and may be elected by a two-thirds vote at the next regular meeting. They shall be considered Members when they shall have signed the constitution, thereby agreeing to be bound by its provisions.

Persons of every nationality shall be eligible for membership.

#### ARTICLE IV.

There shall be three classes of members: First.—Active Members, who shall be those engaged in Medical Missionary work in China; Second.—Honorary Members, those engaged in private practice in China, not being connected with any Missionary Board. Honorary Members are not entitled to vote; Third.—Corresponding Members, who shall be composed of all Non-Resident Medical Missionaries throughout the world, and of such others as may be duly elected by the votes of the Association. Corresponding Members shall not be entitled to vote.

#### ARTICLE V.

The Officers of the Association shall consist of a President, one Vice-President for the North China district of Peking and Tientsin, one Vice-President for the district of Wuchang and Hankow, one Vice-President for the district of Shanghai and Nanking, one VicePresident for Fukien and Formosa district, and one Vice-President for the district of Canton and South China, a Secretary, a Treasurer, and a Board of six Censors, all of whom shall be elected biennially by a majority of the Members voting. No Member shall be eligible to the office of President for two successive terms. These 14 officers shall have the power to elect executive committees from their own body.

#### ARTICLE VI.

A copy of these Rules, together with the By-Laws, made from time to time, shall be printed and shall be binding upon every Member of the Society.

Each Member shall be provided with a copy of Rules and By-laws free of charge.

#### BY-LAWS.

#### ARTICLE I.

Meetings.—The stated meetings shall be held at the call of the President of this Association.

#### ARTICLE II.

The President, or in his absence the Vice-President, shall preside at the meetings, and enforce the rules of order, appoint all committees not otherwise provided for, give the casting vote in case of a tie, and perform such duties as his position requires.

#### ARTICLE III.

The Secretary shall keep the minutes, notify absentees of their appointments, furnish the chairman of each committee which may be appointed with the list of its members, receive the signatures to the Constitution, and conduct such correspondence as may from time to time be necessary.

#### ARTICLE IV.

The Treasurer shall receive and have charge of all the moneys of the Association and pay all bills approved by the same. He shall report the condition of the Treasury to the President, on the 30th day of June, and the 31st day of December, of each year.

#### ARTICLE V.

Members preparing papers, or proposing to exhibit cases to the Association, shall notify the other Members of the subject they propose for discussion, at least two months before the next regular meeting of the whole Association. As the Association will only meet, as a body, once in several years, most of the discussions will be conducted through the columns of the Medical Journal of the Association.

#### ARTICLE VI.

All motions before the Association shall be in writing and signed by the proposer of the motion.

#### ARTICLE VII.

The initiation fee required from all Active Members shall be one dollar. There shall be no fee from Honorary Members. Yearly dues shall be two dollars, in advance.

#### ARTICLE VIII.

The following shall be the order of business for each meeting, in the transaction of which ordinary parliamentary rules shall be enforced :--

- I. Calling the Roll of Members.
- II. Reading of the Minutes of last Meeting.
- III. Report of Committee on Admissions.
- IV. Election of New Members.
- V. Propositions for Membership.
- VI. Report of Committees and Officers.
- VII. Written Communications and Discussions thereon.
- VIII. Verbal Communications.
  - IX. Unfinished Business.
  - X. New Business.
  - XI. Adjournment.

#### ARTICLE IX.

In the event of any important subject coming up calling for the immediate action of the Association, the President and Secretary can issue circulars calling for the votes of the Members on the question at issue. The result of this vote when counted by the President and Secretary and announced to the Members of the Society, to be binding upon all Members of the Association. The President and Secretary can use the columns of the Medical Journal in lieu of a circular when they may deem it best so to do.

#### ARTICLE X.

These By-laws may be altered or amended by a three-fourths vote at a regular meeting, provided notice of the same shall have been given in writing two months previously.

# LIST OF MEDICAL MISSIONARIES IN CHINA, COREA AND SIAM.

The following List of Medical Missionaries, is as perfect as the labor of several persons can make it, and yet we doubt not that it is far from what it might be. We shall be much obliged to any one who will send us additions and corrections. In default of any better method of indicating the Lady Physicians, we have attached an asterisk (\*) to the names of unmarried ladies, and an obelisk (†) to those of married ladies. The Missions are arranged according to the dates of their com-

mencing work in China, under their different nationalities of Great Britain and the United States of America. Seventy-nine names are given below, belonging to twenty different Missionary Societies, thirty-three of whom are under the nine Missionary Societies from Great Britain.

# GREAT BRITAIN. LONDON MISSIONARY SOCIETY 1807

LUNDON MI	SSIONARY SOCIETY, 1807.	
King, L. A. †	Tientsin	1877
MACKENZIE, J. K.	Tientsin	1878
GILLISON, T., Rev.	Hankow	1882
PRICHARD, E. T.	Peking	1886
McFablane, S. S.	Tientsin	1887
CHURCH MI	ISSIONARY SOCIETY, 1844.	
TAYLOR, VON S.	Hokning-fu	1878
Main, Duncan	Hangohow	1882
HICKIE, HERBERT	"	1887
Horder, E.	Pakhoi	1884
ENGLISH	BAPTIST MISSION, 1845.	
WATSON, J. R.	Chingchow-fu	1885
Watson, A. R. †	91	1885
ENGLISH PRE	SBYTERIAN MISSION, 1847	·.
Anderson, P.	Taiwan-fu	1878
LYALL, A.	Swatow	1879
GRANT, D.	Chinchew	1880
MACLEISH, A. L., Rev.	Amoy	1881
RIDDEL, W.	Ng-kang-phu	1881
McPhun, J. F.	21	1883
COUSLAND, P. B.	Swatow	1883
LANG, JOHN C. R.	Taiwan-fu	1885
WESLI	EYAN MISSION, 1852.	
WENYON, C., Rev.	Fatshan	1881
McDonald, R., Rev.	,,	1884
MORLEY, ARTHUR	Hankow	1886
HODGE, SYDNEY R., Re-	V. ,	1887
METHODIST	NEW CONNEXION, 1860.	
AITKEN, W. K.	Kaiping	1884
CHINA I	NLAND MISSION, 1865.	
DOUTHWAITE, A. WM.	Chefoo	1874
CAMERON, J,	**	1875
PRUEN, W. L.	Takutang	1880
EDWARDS, E. H.	Taiyuen-fu	1882
WILSON, W.	Hanchung	1882
PARRY, H.	Ganking	1884

The Unina Medici	at Missionary Courtes	
UNITED PRESBYTERIAN	CHURCH, SCOTLAND	, 1865.
	Chefoo	1881
WESTWATER, A. McD.	Newchwang	1882
Christie, D.	-	
ESTABLISHED CH	URCH OF SCOTLAND.	
McDonald, -	Ichang	1887
<del></del> -		
UNITED STAT	TES OF AMERICA	۸.
AM. BOARD COM.	FOR. MISSIONS, 1830	•
PORTER, H. D.	Pang Chia	1872
WHITNEY, H. T.	Foochow	1877
PECK, A. P.	Pang Chia	1880
Murdock, V. C. *	Kalgan	1881
PERKINS, L. E. † Tientsin 1		
Holbrook, M. A. *	T'ungchow	1883
OSBORNE, D. E.	Taiku	1884
Woodhull, K. C. *	Foochow	1884
MERRITT, C. P. W.	Paoting-fu	1885
AMERICAN BAPTIST	MISSIONARY UNION,	1834
BARCHET, S. P.	Ningpo	1868
DANIELLS, C. H. *	Swatow	1878
DARIEDES, C. II.	DWALOW	1010
AMERICAN PROTESTAN	T EPISCOPAL MISSION	N, 1835.
Boone, H. W.	Shanghai	1880
DEAS, W. A.	Wuchang	1881
GRIFFITH, E. M.	Shanghai	1885
AMERICAN PRESBYTE	RIAN MISSION, NORTE	I, 1838.
HAPPER, A. P., Rev.	Canton	1844
Kerr, J. G.	Canton	1854
ATTERBURY, B. C.	Peking	1879
HUNTER, S. A. D., Rev.	Chefoo	1879
Thomson, J. C., Rev.	Yuen Kong	1881
NILES M *	Canton	1000

#### NILES, M. \* Canton 1882 NEAL, J. B. Têngchow-fu 1883 ALLEN, H. N. Seoul (Corea) 1883 FULTON, A. M. \* Kwai Ping 1884 SWAN, J. Canton 1885 COLTMAN, ROBT. Chinan-fu 1885 MCCANDLISS, H. M. Hoihow 1885 HERRON, J. W. Secul (Corea) 1885 HAYS, J. H. Bankok (Siam) 1886 THOMPSON, J. Petchaburi (Siam) 1886 CAREY, A. M. Chengmai (Siam)

Peking

TAYLOR, GEO. YARDELL

1886

1887

METHODIST EPISCO	OPAL MISSION, 1847.	
Hoag, L. H.	Chinkiang	1872
CREWS, G. K.	Chungking	1883
COREY, C. A. *	Foochow	1884
Beebe, R. C.	Nankin	1884
GLOSS, A. D. *	Tientsin	1885
Hopkins, N. S.	Tsunhua	1886
Pray, S. *	Foochow	1886
STEWART, G. A.	Nankin	1886
SEVENTH DAY SWINNEY, E. F. *	BAPTIST, 1847. Shanghai	1883
AMERICAN BAP	rist, south, 1847.	
GRAVES, R. H., Rev.	Canton	1856
METHODIST EPISC	OPAL, SOUTH, 1848.	
PARK, W. H.	Soochow	1882
PHILIPS, M. M. *	,,	1884
WOMAN'S IINIO	N MISSION, 1859.	
REIFSNYDER, E. *	Shanghai	1883
AMERICAN BIBI	E SOCIETY, 1876.	
GULICK, L. H., Rev.	Shanghai	1876
FOREIGN CHRISTIAN MI	SSIONARY SOCIETY,	1886.
MACKLIN, W. E.	Nankin	1886

## HONORARY MEMBERS.

We give below the names of those who have been elected Honorary Members of the Shanghai Medical Missionary Association. We shall be happy to publish the names of those similarly elected by the other local Medical Societies of China.

" MACLEOD.
" MILLES.
" LALCACA.
Rev. Dr. YATES.
" WM. MUIBHEAD.
Rt. Rev. Bishop BOONE.
Rev. E. H. THOMSON.
" Dr. FARNHAM.
Rt. Rev. Bishop MOULE,
The Ven. Archdeacon MOULE.

Dr. JAMIESON.

Rev. H. C. Hodges.
J. Hudson Taylor.

" PICHON.

Prof. Wm. H. Thomson, M.D., Ll.D. 118 E., 45th St., N. Y. ,, GEO. D. DOWKONTT, M.D.,

Rev. ALEX WILLIAMSON.
.. D. H. DAVIS.

" Dr. Y. J. ALLEN,

V. C. HART.

, C. F. REID.

No. 118 E., 45th St., N. Y. Rev. Wm. S. Langford, D.D., 22, Bible House, N. Y.

Dr. W. Burns Thompson, F.R.S.E., 46, Endell St., St. Giles, London,

# ITEMS AND NEWS.

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We would ask the attention of all friends to our statement of terms, and other conditions, which we give on the inside of the cover. Of this first number, copies will be sent at a venture to the several officers in different parts of the Empire, who will, we doubt not, as soon as practicable, send us the names of all subscribers. Early remittances of money will be a great help in meeting the first bills for The China Medical Missionary Journal.

Our last pages are occupied with two articles by Chinese friends who are interested in Medical Missionary Work. The writer of one article is the Rev. Mr. Woo, Chaplain to St. Luke's Hospital in this place. He explains the importance of Medical Work as an aid in preaching the Gospel. Rev. Mr. Yen, of the same Mission (the American Episcopal) in the other article, writes of the nature and use of the Medical Missionary Association, and of this Medical Journal.

If we mistake not The China Medical Missionary Journal, is the first Medical Missionary Journal published in heathen lands. This will, we hope, secure for it the aid of many, not only in China but in other lands. We shall send copies of our first number to individuals in the home lands, trusting that they will not only become subscribers, but that they will recommend it to others, and so assist us in securing an assured support. Payment may be made in Postal Orders from England and Europe, or with Postal Stamps from the United States of America.

We already have in hand a very valuable historical article from Rev. J. C. THOMSON, M.D., entitled "Medical Missionaries to the Chinese," which will appear in our next number, in whole or in part. It is a chronological summary, year by year, of the principal facts regarding Medical Missionaries to China. Dr. THOMSON sums up the whole in the following lines:—

"Of the 150 Medical Missionaries to China the majority have been from America. Among that number some 27 are ladies. At least 33 are "Rev." as well as "M.D." The Presbyterian Mission sends the largest number, next the American Methodist Churches. Almost one fifth of the number have at one time or other worked in or about Canton. Since 1850 only four years escaped without sending a Medical Missionary to China; and from 1834, the year of Dr. Peter Parker, the Pioneer, down to 1850, only five years. 1882 'takes the palm' in having sent its dozen."

Members of the Association are requested to send in their initiation fee of one dollar, and the annual dues (payable in advance) of two dollars, to the Treasurer, Dr. E. M. GRIFFITH, of St. John's College, Shanghai.

Dr. Lucy H. Hoag, of Chinkiang, mentions briefly in a note that, "On the 13th of "February the native officials of Chinkiang and foreign residents were invited to a "formal opening of the Hospital and School work of the Woman's Foreign Missionary "Society of the Methodist Church. A number of officials came, and the American and British Consuls, with a number of our "friends from the community."

HOSPITAL REPORTS FOR 1886.

Dr. JAMES B. NEAL. of the American Presbyterian Mission at Tungchou fu, in his second Annual Report, notes for the year 1886: Dispensary patients 3,474, of which number 1,629 were new cases, and of these new cases 1,362 males and 267 females. Among the diseases treated, of General there were 196, Surgical 174, Throat and Lungs 161, Gastro-intestinal 420, Eye and Ear 107, Skin 394 (204 being Scabies) and under Miscellaneous 179: 41 In-patients, of which 40 were males: 134 Surgical operations, of which number, as Dr. NEAL himself writes. "The great majority being for simple ab-"scesses; some major operations however, such "as excision of the breast, amputation of the "leg, and several others of equal importance, "were performed." Dr. NEAL is to be congratulated on his prospective class of medical students. Although, as very modestly stated, his "work is not large, the number of "patients being small as compared with "many other places in China," still there is no doubt that the foundation for a good work is being very well laid.

From the Report of the Machay Mission Hospital, in Tamsus, Formosa, for 1886, we learn that 3,448 new cases presented themselves for treatment, the great majority of which, almost \(\frac{1}{2}\), suffering from Fever and Ague; 310 cases of Diseases of the Eye, with 88 operations, 11 of which were tridectomies, and 5 for Cataract; 266 Surgical operations, which includes 92 teeth extracted; 56 opening abscesses, etc, and 20 excisions of tumors.

Dr. ALEXANDER RENNIE, who is in charge of the Mackay Hospital, as Dr. Mackay writes, "has to report the largest number of patients "since the Hospital was founded," while Dr. MACKAY himself, during the past year, "extracted 1,237 teeth, and, with "all the preachers, dispensed to 5,176 "patients throughout the three districts of which North Formosa is composed." The treatise on Malarial Fever in North

Formosa, which Dr. MACKAY gives in this report, is extremely interesting, and we regret that we cannot note in full the names given to the disease by the Chinese, the causes assigned by the natives, and the treatment both native and foreign. The burden of the Doctor's prayer is that "a great discoverer speedily come, and de-"liver tens of thousands in Formosa, China, "the 'Dark Continent,' India, and other lands "from this soul and body trying poison."

The Wesleyan Missionary Hospital, Fatshan, under the care of Drs, Wenyon and Macdonald, has accommodations for 150 in-patients. This institution was opened in 1881, and is the only one of its kind in Fatshan, a town of almost half a million. In connection with above-mentioned Physicians and Surgeons, there is also a senior House Surgeon, Mr. Anton Anderson, and a Junior House Surgeon, Mr. Cran Ashing.

During the year 1886 the cases treated were as follows :- Out-patients : new cases 3,744, old cases 3,490; In-patients 361; patients visited at home 72; three Dispensaries 700; making a total of 8,367. Among the diseases treated we notice 642 were of the Skin; next in order of frequency those of the Eye, there being 440. Of Diseases of the Genito-Urinary system there were 145, and of abscesses and boils lanced, also 145. Diseases of the Digestive system, and of the Respiratory system, each 212. We cannot note all for want of space. 233 Surgical operations are reported, with but 2 deaths, and with 184 cures. Fifteen cases of Lithotomy were operated upon with recovery in every case.

In the midwifery practice twenty cases are reported with but one death,

The whole tone of the Report is most encouraging, and we congratulate the Physicians and Surgeons in charge on the work already done, and the kindly recognition the Chinese have bestowed on this valuable institution, We trust that all Medical Missionaries resident in China will make themselves members of the Medical Association, by sending in their fees and dues, and will exercise their privileges by voting on the various matters laid before them.

Dr. McDonald, of Fatshan, has been able to take a short vacation, which he has improved by a visit to Central China. This study of other methods than our own is one that Missionary Societies would do well to frequently accord to their missionaries.

We learn with pleasure that Dr. OSBORNE, of Taiku, who went home not long since, fearing that he might be permanently detained there, is after all hoping to return to his work in the province of Shansi.

Dr. CREWS, who in common with the rest of the missionaries at Chungking, was obliged to leave in July last, will soon return there hoping to resume work.

The slight troubles experienced by Dr. THOMSON at Yuen Kong in Southern Kwangtung, seem to have quieted down, and it is hoped that a permanent lodgement has been effected.

The robbery of Dr. MAIN'S Hospital at Hangchow of all its surgical instruments, on the 19th of February, must have been very embarrassing. The loss was estimated at \$800.00. The Hospital was left, we understand, with scarcely a scalpel. We are glad to see, by the acknowledgements in our daily papers, that a number of contributions have been sent in by foreign and by Chinese friends, amounting to several Kundred dollars, though not as yet covering the loss. Not the least useful of the dofations was that of a number of surgical instruments from St. Luke's Hospital, under the care of Dr. Booke—thus giving the best of evidence of the kindly feeling existing between our different Medical Missions.

One of the peculiarly Chinese manifestations of interest on the part of the officials of Hangchow, has been their calling together the thieves of the city to consult with them regarding the best method for recovering the lost instruments. We have not been informed of the results of the conference, but from a western point of view it would be natural to doubt the disinterested wisdom of any counsels the thieves may have given.

#### ARRIVALS.

February 28th.—At Shanghai, GEORGE YARDLEY THOMPSON, for the American Presbyterian Mission, Peking.

March 22nd.—At Hongkong, Dr. McDonald, for the Established Church of Scotland Mission, Jchang.

March 26th.—At Shanghai, Rev. Sydner R. Hodge, M.R.C.S., L.R.C.P., for Wesleyan Mission, Hankow.

April 3rd.—At Shanghai, Dr. McFarlanz, for London Mission, Tientsin.

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# The China

# Medical Missionary Journal.

## EDITED BY

J. (	G.	KERR.	MD	Canton.

J. K. MACKENZIE, M.R.C.S., L.R.C.P., Tientsin.

E. REIFSNYDER, M.D., Shanghai.

REV. L. H. GULICK, M.D., Business Manager, Shanghai.

JUNE 1887.

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# NOTICES.

The Subscription Price for *The China Medical Missionary Journal* is Two Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Guller, M.D., Shanghai, while Articles intended for *The China Medical Missionary Journal* may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.

# China Medical Missionary Journal.

Vol. I.

## JUNE 1887.

No. 2.

# MEDICAL MISSIONARIES TO THE CHINESE.

By J. C. THOMSON, M.D.

#### 1820.

Rev. Dr. Morrison and Dr. Livingstone, Surgeon of the East India Co., opened a Dispensary for poor Chinese at Macao. It was conducted by native doctors under their superintendence with a further desire of gaining some knowledge of the native mode of treating disease.

Dr. LIVINGSTONE was "the first person who systematically brought medical aid within the reach of the Chinese."

#### 1827.

January 5th .- Rev. KARL F. A. GÜTZLAFF, of the Netherlands Missionary Society, arrived at Batavia. Here he lodged with Mr. MEDHURST, by whom he was initiated into the Malay and Chinese languages, in which latter he made astonishing progress. In 1828 he went to Singapore, and in June 1831 he set sail from Bangkok in a junk for China, and "after calling at some places along the coast, "reached Teen-tsin towards the end of September, and the following month pro-"ceeded northwards up the Gulf of Leaou-tung, whence they returned to the "south, arriving at Macao on the 13th of December. Mr. GÜTZLAFF had com-"mended himself to the natives by the practice of medicine among them, having "also adopted the native garb and assumed one of their clan names; while he "distributed Christian books to a great extent on every available occasion. "25th of February 1832 he again embarked in a ship chartered by the East India Co., "for a voyage along the coast of China, Formosa, Corea, and Loo-choo, in which "he acted as interpreter and surgeon. On the 12th of October he undertook "another voyage to the north in the 'Sylph,' from which he returned to Canton in "April 1833." Continuing this work much of the time for the next year in various vessels on the coast, he made another trip to the northward during the same year "with ample stores of medicines, which were in great demand." He died at Hongkong, August 9th, 1851.

It was the appeal of GUTZLAFF to the churches of Great Britain and America on behalf of China, that inspired David Livingstone, the great African missionary, with the desire to be a missionary, and China was the country to which his heart was turned, as it was in prospect of going to that country that he resolved to obtain a medical education. The noble faith and dauntless enterprise of GÜTZLAFF, pressing into China over obstacles apparently insurmountable, aided by his medical skill and other unusual qualifications, must have served to shape Livingstone's ideal of a missionary, as well as to attract him to the country where GÜTZLAFF labored.

But in consequence of the Opium War his lot was was not cast there, though throughout his whole life he had a peculiarly lively interest in the country that had been the object of his first love.

#### 1834.

October 25th.—Rev. Peter Parker, M.D., of the American Board of Missions, arrived at Canton as the first regularly appointed medical missionary to this Empire. With Drs. Colledge and Bridgman he originated the Medical Missionary Society in China, of which he is still the President, and founded its Canton Hospital. During 1841-2, the operations of the Hospital being interrupted by war, he visited the U.S. and Great Britain, and by his lectures on Medical Missions, delivered before the most prominent audiences in both countries, such an interest was aroused that several societies were formed as auxiliary to this one, notably the Edinburgh Medical Missionary Society, in 1841. Returning to his hospital work in 1842, after some 20 years of faithful service and upwards of 55,000 cases on the hospital records, the care of that institution being transferred to Dr. J. G. Kerr, in 1855, he again went to the U.S. in 1857, where he still resides in Washington, D. C.

#### 1836.

M. B. HOPE, M.D., D.D., of the A. B. C. F. M., went to Singapore as a missionary to the Chinese in the latter part of 1836, but retired from the service in 1838, on account of ill health.

STEPHEN TRACY, M.D., of the A. B. C. F. M., went as missionary in the latter part of 1836 to Bangkok, but retired from the Mission in 1839 and returned to America.

#### 1837.

Rev. Wm. J. Boone, M.D., appointed missionary to the Chinese by the Am. P. E. Board, arrived at Batavia in the early part of 1837, where he commenced missionary labors among the Chinese. Arriving at Macao in 1840 he was engaged there and at Amoy till 1843, when he embarked for the U.S. Receiving there the degree of D.D., and appointed "Missionary Bishop" for China, he returned thither in 1845; also elected a Vice-President of the Medical Missionary Society in China. After years of service at Shanghai he died there, July 17th, 1864.

#### 1838.

Rev. Dyer Ball, M.D., appointed a missionary to the Chinese by the American Board, arrived at Singapore in the autumn of 1838. There he was successfully employed for a time in preaching, printing tracts, and attending to the sick. In 1841 he removed to Macao, and in 1843 to Hongkong, where he resumed his Missionary labors by superintending the Chinese printing, administering medicine to the sick, and conducting religious services with the natives. In 1845 he went to Canton and combined medical practice with his other missionary labors. In September his offer of services was accepted by the Medical Missionary Society, and in 1848 he opened a dispensary in Ham-ha-lan, Canton, which was continued till 1853. For some years a Vice-President of that society. After a quarter of a century of missionary labors he died at Canton in 1866.

#### 1839.

WM. LOCKHART, F.R.C.S., of the L. M. S., arrived at Canton. Having offered his services to the Medical Missionary Society, he was appointed to the charge of their hospital at Macao, opened by Dr. PARKER in 1838. But soon the enforced departure of all Chinese from the premises virtually closed the hospital, and a short time after he, in company with all British subjects, was obliged to leave Macao. In 1840 he returned and re-opened the hospital, but Drs. DIVER and Hobson having arrived meanwhile and been given the care of the Macao institution, he very soon left for Chusan, where he opened a hospital in September and till February 1841 treated upwards of 3,500 patients. Returning to Macao during the period of the war, in 1842 he went to Hongkong, where he was detained till the spring of 1843, superintending in the interval the building of the Medical Missionary Society's hospital, moved thither from Macao. In July he again returned to Chusan and opened a hospital, but left at the end of the year for Shanghai, and in February 1844 opened a hospital in a Chinese house, where it continued till 1846, when a large building was erected by the liberality of friends in Shanghai and England, building and land costing \$3,200. Returning to England in 1857 he was while there made F.R.C.S. of London, and coming back to China, arrived at Peking in September 1861 as physician to the first British Legation, where he established a hospital. Here he remained till the spring of 1864, when, on the 6th of June, he left Shanghai and returned to London, where he has since been actively engaged advocating the cause of Chinese Missions, latterly as President of the London Medical Missionary Association. During twenty years as medical missionary in the East he attended more than 200,000

individual patients in Java, Macao, Hongkong, Chusan and Shanghai, by far the larger proportion at the latter place, where he was located fourteen years. Beside thirteen Annual Reports of his hospitals he published a volume,—"The Medical Missionary in China," a Narrative of 20 years' Experience, and various other papers.

September 27.—WM. BECK DIVER, M.D., of the American Board, arrived at Macao. His services accepted by the Medical Missionary Society, he assisted Dr. LOCKHART at the Macao Hospital until Dr. LOCKHART'S retirement to Chusan, when that institution was placed under his care in conjunction with Dr. Hobson. In December 1840, his health failing, he was compelled to take a voyage for its recovery, whence he proceeded to the U.S. and did not return.

December 18.—Benj. Hobson, M.R.C.S., of the L. M. S., arrived at Macao. Offer of services accepted by the Medical Missionary Society, he assisted Dr. Lockhart at the Macao Hospital till the departure of the latter to Chusan, when in conjunction with Dr. Diver he assumed charge of that institution, but was soon left in sole charge by the failure of Dr. Diver's health.

Early in 1843 he removed to Hongkong to take charge of the Medical Missionary Society's hospital there, removed thither from Macao and opened for patients June 1st. In 1845 he went to England, and returning in 1847 resumed charge of the hospital. Going to Canton in 1848 he opened a dispensary, and in June began the full work of the Kum-li-fan Hospital. The outbreak of hostilities in October 1856 compelled his removal to Hongkong. In February 1857 he went to Shanghai, and at the close of the year, on Dr. LOCKHART'S departure, took charge of that hospital.

As the first medical bookmaker for China, he was the author of a series of medical text-books which became very popular and have been sold extensively over China and Japan. Shanghai foreign merchants subscribed \$2,000 to aid their publication, and the Cauton Viceroy re-published the first of the series soon after it was brought out,—"of incalculable benefit to the Chinese, they are worth the labor of a lifetime." Early in 1859 Dr. Hobson returned to England and died there in 1873.

#### 1841.

JAS. C. HEPBURN, M.D., of A. P. M., arrived at Singapore. Accepted by the M. M. Soc. on his arrival at Macao in 1843, he proceeded to Amoy, reaching there in November. In January 1844, in conjunction with Dr. Cummure, he opened a hospital, but owing to the ill health of Mrs. Hepburn, left for the U. S. in 1845. In 1859 Dr. Hepburn returned as the first Protestant Medical Missionary to the Japanese, among whom he still resides.

#### 1842.

WM. H. Cumming, M.D., a medical missionary unconnected with any society, arrived at Macao. Reaching Amoy in June he opened a dispensary in

the house of Rev. David Abeel, where it continued till 1844. In conjunction with Dr. Herburn in January 1844 he opened a hospital in the city. Dr. Herburn leaving in 1845, the hospital was placed in the sole charge of his colleague, under the auspices of the M. M. Soc. In 1847, owing to failure of health, Dr. Cumming was obliged to embark for the U. S.

#### 1843.

February.—Daniel J. Macgowan, M.D., of the Am. Baptist Board, arrived at Hongkong. In November he opened a hospital at Ningpo, closing it after three months. Again re-opened in April 1845, he having meantime become an agent of the M. M. Soc. During the summer of 1848 he spent some time at Chusan, where he had large opportunities of administering medical relief to the natives. In 1859 he took a voyage to England, and after travelling through a great part of the United Kingdom, delivering lectures on China and Japan, he returned to America in 1862. Afterwards returning to Shanghai he became engaged in private practice, and later as the C. I. M. Customs' physician at Wên-chow. He has written much of general interest.

#### 1844.

February 19th.—D. B. McCartee, M.D., of the A. P. M., arrived at Hongkong and appointed an agent of the M. M. Soc. He arrived at Ningpo in June, where, in the face of wild opposition from the Chinese officials, he rented quarters in a Taoist temple within the city walls, at the North Gate, and opened a hospital with an attendance of sometimes more than 200 patients a day. After many years of faithful service he was sent in 1872 on a special mission to Japan, and received a medal from the Chinese Government for services rendered at that time. Afterwards, at the invitation of the Japanese Government, he accepted a professorship in the University of Tokio, and was decorated by the Mikado for services rendered to the cause of medical education in Japan. After a residence of almost 40 years in China and Japan, he returned to the U. S. in 1884, since when his name appears among the Managers of the New York Medical Missionary Society.

October 22nd.—Rev. A. P. HAPPER, M.D., of the A. P. M., arrived at Macao. Removing to Canton in 1847 he opened two dispensaries for the natives, and was for a year in charge of the Kum-li-fan Hospital. Many years a Vice-President of the M. M. Society he returned to the U. S. in 1884, after a residence of 40 years in China. There he has been since earnestly pleading the cause of Missions in China, while his name appears on the Advisory Board of Directors of the New York Medical Missionary Society.

October 22nd.—Rev. T. T. DEVAN, M.D., of Am. Baptist Missionary Union, arrived at Hongkong. Soon afterwards he opened a dispensary there, and in April 1845, removing to Canton, he opened one there in Lün Hing Street, but on

account of failure of health he returned to the U. S. in 1847. He published a small volume in the Canton vernacular, containing the terms in anatomy, lists of diseases and medicines, and medical phrases in English and Chinese, which was later revised and enlarged in 1858, and re-published by Dr. LOBSCEEID in 1861.

#### 1846.

December 27th.—Rev. WM. SPEER, M.D., of A. P. M., arrived at Macao. Soon afterwards removing to Canton, he remained there till 1849, when he went to the U.S., afterwards beginning the Mission to the Chinese in California. He wrote much in their behalf, conducting *The Oriental*, a newspaper in English and Chinese, and published a large volume entitled "China and the United States."

#### 1847.

July 29th.—H. J. Hirscherg, M.R.C.S., of L. M. Soc., arrived at Hongkong and took charge of the hospital there in the beginning of 1848, which he conducted, with two out-stations, one in the Bazaar and one across the harbor at Kowloon, till the middle of 1853, when he went to Amoy. Here, after several years of devoted labor, his health began to fail, and he returned to England about the end of 1858.

#### 1848.

March 25th.—Rev. J. S. James, M.D., of S. (U. S.) Baptist Conv., arrived at Hongkong. After a visit to Canton, on his return the schooner "Paradox" was overturned by a sudden gust of wind, and Dr. and Mrs. James were drowned in sight of Hongkong.

July 22nd.—Jas. Hyslop, M.B., of L. M. Society, arrived at Hongkong. Reaching Amoy in December he resumed in part the medical operations suspended by the departure of Drs. Hepburn and Cumming. In 1851 he retired from missionary service, and in 1853, being wrecked on the Australian coast, he fell into the hands of the natives, by whom he was massacred.

May 22nd.—Rev. Dr. Wm. Lobscheid, of the Rhenish Mission, arrived at Hongkong: In connection with his missionary labors on the mainland he engaged in medical practice, and during the occupation of Canton by the allied Commissioners, going thither at the request of Sir John Bowring, he examined "more than 600 prisoners and treated their wounds, filing off the irons over "which the flesh had grown, and applying ointments to ankles which had been "crushed by iron hammers." He published at Hongkong, in 1855, a Treatise on the new English method of Vaccination, a modification of Dr. Pearson's tract, published in 1805, a third edition of Dr. Devan's book containing the terms in anatomy, lists of diseases and medicines, and medical phrases in English and Chinese, in 1861, and a Tourist's Guide and Merchant's Manual in 1864,

containing "all the known names connected with Chemistry, Pharmacy, etc., in Court and Punte dialects, compiled from all available sources."

August 18th.—Rev. Chas. Taylor, M.D., of A. M. E. M. (S.), arrived at Hongkong, and at Shanghai in September. He left for New York in 1853, and has since been residing in the U. S.

#### 1850.

Jas. H. Young, M.D., arriving in China in 1846, after several years in private practice at Hongkong, he became connected with the E. P. M. as its first medical missionary to China, on the recommendation of Rev. W. C. Burns, whom he accompained to Canton. Remaining there some months he went to Amoy and opened a dispensary for the Chinese. Returning to England in 1854, he died soon afterwards.

March 29th.—Rev. Wm. Welton, M.R.C.S., of C. M. Soc., arrived at Hongkong. After a brief stay with Dr. Parker at Canton, he reached Fuhchow in May. Here he opened a dispensary and hospital for the natives. After a laborious service his health gave way, and he embarked for England, September 10th, 1856. He died suddenly in 1858.

#### 1851.

June 17th.—Rev. ISAAC W. WILEY, M.D., of A. M. E. M., arrived at Hongkoug, and reached Foo-chow, his destination, on July 9th. His health failing, he returned to America in 1854. Afterwards as Missionary Bishop, while on an official tour to China and Japan, he died at Foochow, November 22nd, 1884.

#### 1852.

March 25th.—Geo. W. Burton, M.D., of A. B. M. (S.), arrived at Shanghai. In consequence of illness he left for America towards the end of the year, but returned in 1854. He finally left China about 1861.

#### 1854.

March 1st.—Rev. Jas. Hudson Taylor, M.D., of C. I. M., arrived at Shanghai. In 1856 he was engaged for some months at Swatow in co-operation with Rev. W. C. Burns. The same year he went to Ningpo. On account of failure of health he returned to England in December 1859, but returned in the autumn of 1866, and still continues actively engaged in missionary labors as the Superintendent of the China Inland Mission.

May 15th.—John G. Kerr, M.D., of the A.P. M., arrived at Canton, and was given charge of two dispensaries of that mission there. In May 1855 the care of the Ophthalmic Hospital, then already in his charge for some time

by reason of the absence of Dr. PARKER from China, was transferred to him. In 1865 the Kum-li-fan Hospital was also put under his conduct, and became a branch of the Medical Missionary Society. So, for over 30 years he has been busily engaged, with a record since May 1855, when he assumed full charge of the Canton Hospital, of what has been mainly his individual work, -of Out-patients 535,222, In-patients 21,270, about one third being women, and Surgical Operations 24.515. The operations of Lithotomy and Lithotrity have been upwards of 1,000 at that institution, mainly at the hands of Dr. Kerr. During the past 50 years, at the various agencies of the Medical Missionary Society, not less than a million patients have been treated, the larger proportion of these at the Canton Hospital, under the administration of Dr. KERR. His duties could not have been more multifarious,-the erection of buildings, care of thousands, of sick-class instruction, book-making, etc. In the latter field much has been done, as no less than twenty-seven volumes in the form of Chinese text-books have been issued by him, besides a number of tracts and charts and many Annual Reports in both languages, as well as much in English on the same general subject. A most worthily bestowed honor is the recent one of the Presidency of the "Medical Missionary Association of China."

September 17th.—Rev. D. C. Kelly, M.D., of the A. M. E. M. (8.), arrived at Shanghai. He left for the U.S. in March 1856, in consequence of his wife's ill health, and did not return.

November 27th.—Wm. Parker, M.D., of the C. Evang. Society, arrived at Shanghai. Removing to Ningpo in November 1855, he established a mission hospital there. Mrs. Parker dying in August 1859, Dr. Parker shortly after embarked for England. Returning, he arrived at Shanghai, March 20th, 1862, and proceeding at once to Ningpo, resumed his work among the Chinese. In January 1863, while crossing a stone bridge in the city, on horseback, one of the slabs gave way and he was precipitated with his horse into the stream. He died a few days after, on February 2nd, from the effect of the injury.

#### 1855.

Rev. HEINBIGH GÖCKING, M.D., of the Berlin Missionary Union, arrived at Hongkong in the early part of 1855. He carried on missionary labors and dispensed medicines in Kwangtung Province, chiefly in the San On district, till 1864, when he returned to Germany.

MELANCTHON W. FISH, M.D., of A. E. M., arrived at Shanghai. The following year he retired from his connection with the mission and accepted the office of U. S. Vice-Consul. In 1857 he was appointed one of the three foreign Inspectors of the C. I. M. Customs at Shanghai. The same year he left for the U. S., but returned in 1858, when he again returned in 1861.

#### 1856.

August 17th.—Rev. R. H. Graves, M.D., D.D., of S. (U. S.) Baptist Conv., arrived at Canton. In February 1860 he established himself at Shin Hing, the old capital of the Province, and has also conducted dispensaries at a number, of other points in the Province. As first one of its agents, Vice-President and Chairman of its Managing Committee, he continues to manifest much interest in the Medical Missionary Society in China.

#### 1857.

January.—Wong Fun, L.R.C.S. Edinburgh, of the L. M. Society, a native of China, arrived at Hongkong from Edinburgh, where he had been several years engaged in study by the benevolence of some Hongkong foreign merchants. A graduate in medicine at the Edinburgh University, he was the first Chinese on whom a medical diploma had been conferred. On arriving at Hongkong he conducted a dispensary there, but the following year he removed to Canton and re-opened the Kum-li-fan Hospital, of which he had charge till 1860, when he resigned his connection about the end of the year, though still residing at Canton. During most of 1867 he was in charge of the Medical Missionary Society's hospital at Canton during the absence of Dr. Kern. He died, October 12th. 1878.

#### 1858.

Rev. WM. H. COLLINS, M.R.C.S., of the C. M. Soc., arrived at Shanghai in the early part of 1858. In 1863 he removed to Peking, where he resided for some years. He published the 13th Annual Report of the Shanghai Chinese Hospital, from January 1st, 1859, to April 23rd, 1860.

#### 1859.

JOHN CARNEGIE, M.D., of the E. P. M., arrived at Amoy about the end of 1859. Having dissolved his connection with the mission at an early period he continued to conduct a hospital very successfully and efficiently under the auspices of the M. M. Soc., supporting himself by private practice, while giving his services gratuitously to the mission cause until the spring of 1865, when he left for Europe. Ever after a warm friend and advocate of medical missions, he died at Chesterfield, May 4th, 1884, and "was carried to his grave, mourned by a whole city."

#### 1860.

March 23rd.—James Henderson, M.D., of the L. M. Soc., arrived at Shanghai. Immediately on his arrival he took charge of the Chinese Hospital there, which had been temporarily held by Mr. Collins, leaving for England January 8th, 1862. Returning, he arrived at Shanghai, September 8th of the

same year. Failing health obliged him to embark for Japan about the end of June 1865. Arriving at Nagasaki, after lingering for a few weeks, he died on July 30th, and was buried in the European cemetery there.

Beside a number of Hospital Reports he published several papers, as "The Medicine and Medical Practice of the Chinese," "Shanghai Hygiene," etc.

#### 1861.

April 10th.—Rev. Adam Krolczyk, of the Rhenish Mission, arrived at Hongkong. He afterwards lived at Ho-an, Shik-lung and other places in the interior, much of his time being occupied in travelling through the Province, combining medical practice with his other missionary labors. As an agent of the M. M. Society his reports are combined with those of Dr. Kerr. Many years connected with that Society, he died in 1872.

#### 1862.

February.—J. R. CARMICHAEL, M.R.C.S., of L. M. Soc., arrived at Canton. In charge of the Kum-li-fun Hospital till March 1863, he then dissolved his connection with the Society and settled in private practice at Chefoo.

#### 1863.

JOHN PARKER, M.D., younger brother of Wm. Parker [see 1854] arrived in China in the early part of 1863, and establishing himself in medical practice at Ningpo, at the same time took charge of the missionary hospital which had been commenced and carried on by his brother. In 1865 he became the recognized agent of the U. P. Ch. of Scotland. In May 1867 he left Ningpo, and on the 7th embarked from Shanghai for England.

September.—William Gauld, M.D., of the E. P. M., arrived at Swatow, and spent a term of years in faithful medical missionary labors among the Chinese there. Returning to England, "still working and praying for China," he appears afterwards as Secretary and a Member of the Executive Committee of the London Medical Missionary Association.

December.—John Dudgeon, M.D., of the L. M. Soc., arrived at Shanghai. Going to Peking in March 1864 he assumed charge of the hospital opened by Dr. Wm. Lockhart. Here he has continued in labors, also lecturing to classes, preparing Chinese text-books, and writing much of medical interest.

December.—Jas. L. Maxwell, M.D., of the E. P. M., arrived at Shanghai. Soon leaving for Amoy, towards the end of May 1865 he left there to commence a mission on the island of Formosa, where he landed at Ta-kow on the 29th, where he was long occupied in medical missionary labors. Returning to England in 1885, a warm advocate of China missions, his name appears on the Executive Committee of the London Medical Missionary Association, of whose monthly journal (Medical Missions) he is the editor.

JOHN STEWART, M.D., of the Society for the Propagation of the Gospel in Foreign Parts, arrived at Hongkong in the spring of 1863. After a few weeks he went to Peking, where he commenced the first mission station of the Society in China. In the summer of 1864 he left for Shanghai, and his connection with the Society ceased. After a few months he settled in private practice at Foochow.

December.—James Gentle, M.D., arrived at Shanghai the first week in December 1863. He removed to Chin-kiang shortly after, where he commenced practice among the foreign residents, and at the same time opened a dispensary for the benefit of the Chinese. In the autumn of 1865 he was appointed medical officer to the Chinese Hospital at Shanghai, of which he took charge November 1st, being received into connection with the L. M. Soc. His health failing, he left in February 1866, going to Singapore and Penang, where his disease (consumption) made a rapid inroad on his system, and he died on April 25th.

#### 1864.

April 25th.—FREDK. PORTER SMITH, M.R.C.S., Associate of King's College, London, of Eng. W. M., arrived at Shanghai. He reached Hankow, May 15th, and opened a dispensary in the latter part of June, where he for some years continued his efficient labors. Besides his Annual Reports and various articles, he published a valuable volume on "Chinese Materia Medica."

April 25th.—Rev. E. Faber, of the Rhenish M., arrived at Hongkong. In connection with his missionary labors he long did faithful service as an agent of the M. M. Society in medical practice at Fumun, Tung-kun and vicinity, in Kwangtung Province.

#### 1865.

July 24th.—S. P. BARCHET, M.D., of the C. I. M., arrived at Ningpo and engaged in work there, but in 1868 became connected with the American Baptist Missionary Union, in which connection he still continues his labors.

#### 1867.

Rev. J. NACKEN, of the Rhenish Mission, arrived in China. In connection with his other missionary labors, as an agent of the M. M. Society, he conducted dispensaries at Fuk-wing and Tung-kun, Kwang-tung Province.

A. O. TREAT, M.D., of the American Board, arrived, and engaged in service at Kalgan. After a few years labor he returned to the United States, where he died.

#### 1869.

- T. P. HARVEY, M.R.C.S., of the C. I. Mission at Bhamo.
- J. HUNTER, M.D., of Irish Presb. Mission arrived.

#### 1870.

January.—Dauphin W. Oscood, of A. B. C. F. M., arrived at Foochow. Here he labored faithfully for ten years and established the Mission Hospital, attending at it no less than 51,838 patients, while during two years some 1,500 patients underwent treatment for the cure of opium-smoking. With health enfeebled through overwork, he was smitten with sunstroke, and after a very short illness, died at the early age of thirty-five, August 17th, 1880. "For the "last four years, every hour that Dr. Oscood could spare from the active pursuit of his duties, has been devoted to the translation into the Chinese "language of a standard work on Anatomy. The work will shortly be published, bound in five volumes, and is illustrated by numerous plates of almost perfect execution. Too great a value cannot be assigned to this work, the first of its "kind in the Chinese language. It may safely be predicted that, for many years to come, it will remain a standard book, and conduce in no mean degree to the "improvement of Medical Knowledge, hitherto so imperfect in this vast Empire."—Foochow Herald.

	1871.	
BROWN, J., M.D.	E, B, M,	-
DICKSON, M., M.D.	E, P. M.	Taiwan-foo, Formosa. Retired.
GALT, J., M.D.	C. M. S.	Hangchow. Retired.
MACKAY, Rev. G. L.	Can, P. M.	Tamsui, Formosa.
PATTERSON, W., M.D.	A. P. M.	Ningpo, Retired.
	1872.	
Parama H D D. WD		Pang Chuang, Shantung.
PORTER, H. D., Rev., M.D.	A. B. C. F. M.	rang Chuang, Shantung.
	1873.	
Cores Min I I M D	A. M. E. M.	Peking. First female medical mis-
Combs, Miss L. L., M.D.	A, M, E, M,	[sionary to China, Retired.
	1874.	
BUNN, A. C., M.D.	A. E. M.	Wuchang. Retired.
DOUTHWAITE, A. W., M.D.	C. I. M.	Chefoo.
FRAZER, Dr.	Can. P. M.	Tamsui, Formosa.
	Court I . Mar	Tambui, I of mosw.
MASON, Miss L., M.D.	A. M. E. M. (N.)	Kiukiang. Retired.
MASON, Miss L., M.D. TRASK, Miss S., M.D.		•
· · ·	A, M, E, M, (N.)	Kiukiang. Retired.
· · ·	A, M, E, M, (N,)	Kiukiang. Retired.

# 1876.

CARROW, J. F., M.D.	A. P. M.	Canton. Retired January 1879.
GULICK, L. H., Rev., M.D.	A. Bible Soc.	Shanghai.

## 1877.

Anderson, Miss Sara J., M.D.	A. P. M.	Chefoo. Retired.
HOWARD, Miss L. A., M.D.	A. M. E. M. (N.)	Tientsin. Now Mrs. King.
Jones, Miss, M.D.	**	Retired.
WHITNEY, H. T., M.D.	A. B. C. F. M.	Foochow,

# 1878.

ANDERSON, PETER, L.R.C.S.E., L.R.C.P.E.	E. P. M.	Taiwan-foo, Formosa.
DANIELLS, Miss C. H., M.D.	A. B. M. (N.)	Swatow.
KELSEY, Miss A. D. H., M.D.	A. P. M.	Tungchow. At work in Japan.
LAMBUTH, Rev. W. R., M.D.	A, M. E. M. (S.)	Soochow. Went to Japan in 1886.
M'FARLANE, E. P., L.R.C.S. & P.	Ch. Scot. M.	Ichang. Retired.
SPARR, Miss J. E., M.D.	A. M. E. M. (N.)	Foochow, Retired.
STENHOUSE, D., L.R.C.P., & C.E.	Eng. M. N. C. M.	Shantung.
TAYLOB, B, Von S., M.B.	C. M. S.	Foochow.

# 1879.

ATTERBURY, B. C., M.D.	A. P. M.	Peking.
BUSHNELL, Miss K. C., M.D.	A. M. E. M. (N.)	Kiukiang. Retired.
HUNTER, Rev. S. A. D., M.D.	A. P. M.	Chefoo.
KITTS, Rev. J. T., Dr.	E. B. M.	Ching-chow-foo. Retd. to London
LYAL, ALEX., M.B.C.M.	E. P. M.	Swatow. [in June 1884.
MAWBEY, W. G., L.R.C.P.E.,	L. M. S.	Hankow. Died in England Nov. 17,
L.R.C.S.E.		[1886,

# 1880.

BOONE, H. W., M.D.	A. E. M.	Shanghai.
GRANT, DAVID, M.B., C.M.	E. P. M.	Amoy.
PECK, A. P., M.D.	A. B. C. F. M.	Pang Chuang, Shantung.
PRUEN, W. L., L.R.C.S. & P.	C, I, M,	Chentu, Szechuen.
SCHOFIELD, H., M.D.	**	Taiyuen-foo. Died 1883.

# 1881.

DEAS, W. A., M.D.	A. E. M.	Wuchang.
FISHBOURNE, R. B., M.D.	A, P. M.	Hangchow. Retired.
GILCHRIST, Miss E., M.D.	A. M. E. M. (N.)	Kiukiang. Retired.
HOLBBOOK, Miss M. A., M.D.	A. B. C. F. M.	Tung-chow. Retired 1887.
JEREMIASSEN, C. C.	A. P. M.	Hainan.
MACLEISH, A. L., Rev., M.B., C.M.	E, P. M.	Amoy.
MURDOCK, Miss V. C., M.D.	A. B. C. F. M.	Kalgan.
RIDDELL, W., Rev., M.B., C.M.	E. P. M.	Ung-kang-phu, near Swatow

## 1881-cont.

SMITH, H. R., M.D.	A. P. M.	Wei-hien, Retired.
STUBBERT, J. E., M.D.		Nankin. Retired.
	22	
Thomson, Rev. J. C., M.D.	11	Yueng-kong (Kwangtung).
WENYON, Rev. CHAS., M.D. M. Ch.	Eng. W. M.	Fatshan (Kwangtung).
CHRISTIE, D., M.C.S.	U. P. M. Scot.	Newchwang.
MAIN, D. DUNGAN, L.R.C.S. &	C. M. S.	Hangchow.
P. Edip.		

## 1882.

AKERS, Miss L. E., M.D.	A, M, E, M, (N.)	Tientsin, Now Mrs. Perkins.
CHRISTIE, Rev. DUGALD, M.C.S.	U. P. M. Scot.	Mookden, Manchuria.
Edwards, E. H., M.B., C.M.	C. I. M.	Taiyuenfu.
Gillison, Thos.	L. M. S.	Hankow.
NILES, Miss M. W., M.D.	A. P. M.	Canton.
PALMER, W. S., L.R.C.S.I.	L. M. S.	Amoy. Mar. 1886 retd, to England.
Park, W. H., M.D.	A. M. E. M. (S.)	Soochow.
TAYLOR, J. B., M.D.	" (N.)	Retired.
WESTWATER, A. McD., L.R.C.P.	U. P. M. Scot.	Newchwang.
WILSON, W., M.B., C.M.	C. I. M.	Han-chung.

# 1883.

HORDER, E. G., L.R.C.S. & P. Edin.	C. M. S.	Pak-hoi (Kwangtung).
ALLEN, H. N., M.D.	A. P. M.	Nankin. Went to Corea.
COUSLAND, P. B., M.B., C.M.	E. P. M.	Swatow.
CREWS, G. B., M.D.	A. M. E. M. (N.)	Chung-king. Now at Peking.
McPhun, J. F., M.B., C.M.	E. P. M.	Ng-kang-phu, near Swatow.
MATHEWSON, J. M., M.D.	A. P. M.	Wei-hien,
NEAL, J. B., M.D.	39	Tungchow.
REIFSNYDER, Miss E., M.D.	A. W. U. M.	Shanghai.
SWINNEY, Miss ELLA F., M.D.	A. S. D. B. M.	Shanghai,
Hoog, Miss L. H., M.D.	A. M. E. M. (N.)	Chinkiang.

## 1884.

	1004.	
AITKEN, W. K., L.R.C.P., L.R.C.S.	Eng. M. N. C. M.	Kai-ping.
Anderson, Anton.	Eng. W. M.	Fatshan.
ВЕЕВЕ, В. С., М.D.	A. M. E. M. (N.)	Nankin.
COREY, Miss C. A., M.D.	"	Foochow.
DENNY, L. D., M.D.	**	Peking. Retd. to U.S., June 1885.
DUKES, O. A., M.D.	" (8.)	Nantsiang. In July 1886 went to
FULTON, Miss M. H., M.D.	A. P. M	Kwai-peng, [Japan.
HEMPEL, A.	Berlin M.	Canton, Died December 1886.
MACDONALD, Rev. R. J. J., M.D.	E. W. M.	Fatshan,
OSBORNE, D. E., M.D.	A. B. C. F. M.	Tai-ku, Shansi.
PARRY, H., L.R.C.P.	C. I. M.	Chentu, Szechuen,
PHILLIPS, Miss M. M., M.D.	A. M. E. M. (8,)	Socehow.
WOODHULL, Miss K. C., M.D.	A. B. C. F. M.	Foochow,

medical missionary to China.

#### 1885.

Cameron, Jas., M.D.	C. I. M.	Chefoo.
COLTMAN, ROBT. J., M.D.	A. P. M.	Chenanfoo.
GLOSS, Miss A. D., M.D.	A. M. E. M. (N.)	Tientsin.
GRIFFITH, E. M., M.D.	A. E. M.	Shanghai.
Lang, Jno., L.R.C.P.E.	E. P. M.	Taiwanfu.
Luscher, L. W., M.D.	M. M. Soc.	Formosa.
McCandliss, H. M., M.D.	A. P. M.	Hainan.
McCown, Miss Ruth, M.D.	A. B. M. (S.)	Shanghai. Removed to Japan, April
MERRITT, C. P. W., M.D.	A. B. C. F. M.	Pao-ting-fu, [1886.
SWAN, J. M., M.D.	A. P. M.	Canton.
WATSON, J. R., M.B., C.M.	E. B. M.	Ching-chowfu.
Watson, Mrs. Dr. J. R.	"	" The first English female

#### 1886.

HOPKINS, N. S., M.D.	A. M. E. M.	Tsunhua.
MACKLIN, W. E., M.D.	Disc. of Christ.	Nankin.
MORLEY, ARTHUR, M.R.C.S.,	Eng. W. M.	Hankow.
L.R.C.P.		
PRAY, Miss S., M.D.	A, M. E. M.	Foochow.
PRITCHARD, E. T., M.B., C.M.	L. M. S.	Peking.
STEWART, J. C., M.D.	C. I. M.	Taiyuen Fu, Shansi.
STEWART, G. A., M.D.	A. M. E. M.	Nankin.

Beside this noble company of upwards of 150 China medical missionaries, a number of honorable names might he added of those who, though not commissioned as medical missionaries, have blessed our cause by self-denying efforts in its behalf. Such are Pearson, Livingston, Collegge and Anderson of the old. E. I. Co., Canton; Dr. WM. Jardine, founder of Jardine, Matterson & Co., who with Drs. Colledge and Anderson, was prominent in the organization of the Medical Missionary Society in China; Dickson and Kane also at Canton; Johnston at Shanghai; Manson at Amoy and Hongkong; Adam at Foochow; Johansen Myers and Rennie in Formosa, and Young Jordan, Habtigan and others at Hongkong, and Dr. Bell at Amoy; Delaporte at Swatow, and Cox at Canton.

#### February 22nd, 1887.

N.B.—In the above article, the following contractions have been used:—A. B. M. (N.)=
American Baptist Mission (North); A. B. M. (S.)=American Baptist Mission (South);
A.B. C. F. M.=American Board Commissioners Foreign Missions; A. E. M.=American Episcopal Mission; A. M. E. M. (N.)=American Methodist Episcopal Mission (North); A. M. E. M. (S.)=American Methodist Episcopal Mission (South); A. P. M.=American Presbyterian Mission; A. W. U. M.=American Woman's Union Mission; A. S. D. B. M.=American Seventh Day Baptist Mission; C. I. M.=China Inland Mission; C. M. S.=Church Missionary Society; Can. P. M.=Canadian Presbyterian Mission; Ch. Scot. M.=Church of Scotland Mission; E. B. M.=English Baptist Mission; E. P. M.=English Presbyterian Mission; E. M. N. C. M.=English Methodist New Connexion Mission; E. W. M.=English Wesleyan Mission; L. M. S.=London Missionary Society; M. M. S.=Medical Missionary Society; U. P. M. Scot.=United Presbyterian Mission, Scotland,

# A CASE OF CRYPTORCHIDISM, WITH MALIGNANT DISEASE OF ONE TESTICLE.

By R. A. Jamieson, M.A.,

Consulting Surgeon to the Imperial Maritime Customs in China.

THE following case is imperfect inasmuch as it lacks postmortem confirmation of the diagnosis; but apart from the question of disease, the retention of both testicles in the abdomen is a condition sufficiently rare to merit record. HUNTER saw only one case "in the human subject where both testicles continued in the "abdomen. . . . . We are led to conclude that they were perfectly formed, "as the person had all the power and passions of a man" (Works, Ed. PALMER, iv. 17), Marshall (Hints to Young Medical Officers in the Army, p. 207), among nearly 11,000 recruits, also met with but one instance in which neither testicle had descended. In the Transactions of the Maryland Medical and Chirurgical Faculty, for 1884, there is an admirable table of 89 cases of retained testicle, compiled by Dr. R. W. Johnson from the medical literature of the last three centuries. Unfortunately, there is no certain indication of the number of observations of complete cryptorchidism. In 8 cases no testicles could be found postmortem; in 18 both testicles were in the inguinal canals; in 8, one was in the canal while the other was undiscoverable. Ten cases are specified as having had children, and one case of double retention was the offspring of a monorchid. "Some are found effeminate, others manly; some hairy, others beardless; "some with other deformities, others deficient in this one respect." (Johnson, l.c.)

Curling (Diseases of the Testis, pp. 334, 479) refers to the frequency of malignant degeneration of testicles retained in the groins. Those who are interested in the literature of the subject will find in the Bulletins de la Société de Chirurgie de Paris (Séance du 10 décembre 1879) a paper by Monod on 42 cases of inguinal castration for "sarcocèle" (sarcoma?). The same series, along with 8 other cases in which castration was performed for non-malignant affections of the retained gland, forms the subject of an extremely valuable and exhaustive paper by MM. Monod and Terrillon in the Archives générales de Médecine, 1880, i. 129, 297. This paper may now be regarded as classical. Its general conclusions are (1°) that castration is advisable to relieve the severe suffering frequently arising from undetermined causes in undescended testicles; and (2°) that where an undescended testicle is removed on account of cancerous degeneration, if the operation be not itself fatal, the disease inevitably recurs with rapidity.

It will readily be understood therefore that, while proposing castration in the case now to be related, I did not press the operation.

Ho, aged 51, native of China, first seen 16th July 1886. Unmarried. Leads a very laborious life which involves much travelling, alternating with sitting in a constrained position for several hours at a time. Travelling by boat, barrow or sedan fatigues him considerably, but he is never sensible of absolute exhaustion except after his spells of sitting. Has always been subject to epistaxis and has frequently spat blood at the same time that his nose bled. His health has in general terms been delicate, but he continued reasonably well up to the end of April 1886. At this date, without any assignable cause, the lower part of the abdomen began to swell and become hard, and retention of urine occasionally occurred. There were never any chills or fits of sweating, and he denies having ever suffered from malarial fever. The swelling has never been very sensitive to pressure; but it has given rise to uneasiness sufficient to interfere with sleep, and within the past fortnight, this uneasiness has developed into constant agonising pain. Quantity of urine much diminished, and the act of micturition is performed at long intervals, 24 hours or more. The urine leaves no deposit, but is dark, not blood-stained. There is a slight burning sensation in the urethra immediately after passing water. The stream sometimes stops suddenly as if a tap were turned. No pain in glans penis or down thighs. No history of intermittent lumbar pain. No thirst. Complete anorexia. Has wasted much since appearance of symptoms, but is still a well built, fairly muscular man. Does not cough. Bowels habitually constipated.

The urine was acid, deep yellow, containing no blood or casts. Flocculent deposit of mucus with bladder epithelium. Had a peculiar earthy odour. Contained no sugar. No deposit with heat and nitric acid; slight deposit with citric acid and ferrocyanide of potassium. S. G. 1029. Average daily excretion 240 c.c.

The tongue was somewhat glazed; pulse 84, regular, compressible; no hardening of arterial wall. Heart and lungs healthy, but respiration feeble, and slight dyspnœa induced by suddenly lying down. Slight upward increase of hepatic dulness, from displacement. From umbilicus to pulses the abdomen is occupied by an absolutely smooth, ovoid tumour upon which the muscles glide freely. It is hard, gives no sensation of fluctuation, is perfectly symmetrical, very slightly sensitive to pressure, almost fixed, but susceptible of restricted lateral movements. It curiously resembles a pregnant uterus of about the sixth month. On deep exploration a prolongation can be felt on the left, [to the side of the pelvis just below the anterior inferior spine. Nothing corresponding to this prolongation can be found on the right side. The lower border corresponds to the posterior surface of the horizontal rami of the pulses. The tumour has displaced the intestines backwards. It is dull on percussion, though there is some conduction from tympanitic bowel in either lateral region of the abdomen.

The urethra easily admits a No. 22 (French) short beaked sound, which however cannot be manœuvred in the bladder. Gentle exploratory movements are not painful, and, so far as can be judged by touch, the vesical mucous membrane is healthy. The point of the sound can be turned over slightly towards the left side of the bladder, but not at all to the right. No calculus was felt. Rectal examination negative; base of bladder and prostate normal. A few drops of blood-tinged urine followed the withdrawal of the sound, but there was no aggravation of any of the symptoms after the exploration.

While examining the rectum I noticed that the scrotum was represented by a mere roughening of the anterior portion of the perineum, and that there was no trace of testicles. Nor was anything resembling a testicle discoverable in the right inguinal region. There was no scar on the undeveloped scrotum. The patient presents none of the characters of a eunuch. He has a good moustache, and there is as much hair as usual for a Chinaman on the pubes. The penis is well developed. His voice is not cracked; his skin emits no peculiar odour; he confesses to sensual feelings and has had occasional pollutions, but I have special reasons for knowing that he has always been absolutely chaste.

Those who have had much medical practice among the Chinese well know that a native has always some story ready, generally false, to account for every peculiarity observed during a physical examination of his person. I was not therefore surprised to learn that at the age of 6, in consequence of some combined internal and external treatment for a disease about which he could give no information except that it was of great severity, his testicles and scrotum dried up and disappeared.

He was ordered milk and Vichy water, and 1 gramme of chloral hydrate every four hours. Sleep and appetite returned for a few days, but as he soon tired of the milk diet, and the chloral speedily lost its effect, the patient abandoned all faith in foreign treatment and placed himself in the hands of a succession of native practitioners. Each guaranteed cure, and administered quantities of medicine, dieting him carefully, but in the most fantastic fashion. One of his attendants, for example, made him live for ten days exclusively on ducks. I received news of him from time to time, but never saw him after his repudiation of foreign treatment. His medication appears to have been mainly sedative, in spite of which he suffered horribly and was almost sleepless. There was comparatively little change until the beginning of December, when the tumour suddenly began to enlarge with great rapidity, so that within three weeks it occupied the entire abdomen and encroached largely on the thorax. At the same time there was a notable diminution of pain, but dyspnœa became urgent and sleep impossible. The patient died exhausted on the 28th December. No postmortem was allowed.

# A CASE OF RESECTION OF MORE THAN ONE-HALF OF THE LOWER JAW-BONE FOR AN OLD NECROSIS,

By H. MASON PERKINS, D.D.S.,

Honorary Dental Surgeon to St. Luke's Hospital, Shanghai, China; Honorary Dental Surgeon to St. Xavier's School, Shanghai,

Hoong Doong Foo, aged 32, married, a shopman, was admitted into St. Luke's Hospital on July 29th, 1886. His own and his family history were good. Present trouble began more than two years ago, when he had pain and swelling of the left side of his face, followed by the discharge of pus. From that time until now the disease has gone on until he can scarcely open his mouth. The note on admission was as follows: -Strong, well nourished, medium-sized man, rather pale; chest sounds normal; no albumen in urine. The left side of the patient's face was swollen and the contour of the lower jaw much altered. There was a large sinus with gaping edges and foul granulations just below the angle of the jaw; through this, bare bone could be felt. Another sinus also leading to dead-bone, was located near the symphysis. After some difficulty a finger was passed into the mouth. It was found that the bone was fractured near the ranus, and it was freely movable. The patient having consented to an operation, he was given a cathartic, had another bath, the sinuses were cleansed and carefully syringed out with a 1 in 2,000 bichloride solution, and his face and neck thoroughly cleansed and disinfected. July 31st.—The patient having had a hypodermic of atropia and morphia, chloroform was given by Mr. Ding Ming, the house surgeon, and, assisted by my colleagues, Drs. Jamieson & Boone, I proceeded to operate. An incision beginning at the zygomatic arch behind the condyle was carried downwards behind the ramus to the angle, and under the body of the bone to a point one-half inch below the symphysis menti, then upwards to, but not through the mucuous surface of the lip. A flap was raised, the facial artery divided and tied with cat-gut. With a periostial elevator the bone was freed from its attachments. That portion of the bone midway between the symphysis and the ramus was found to be broken into several pieces. A tooth was extracted in the median line, and, on dividing the bone with a saw, at the symphysis, it was found to be of a stony hardness. As the disease extended further, the bone was freed and one inch more was removed from the right side. The fragments of necrosed bone were now extracted. The ramus of the jaw was seized with the lion forceps, raised from its bed, and its attachments carefully separated. A probe-pointed bistony was carried beneath the zygomatic arch, and behind the coronoid process, the tendon of the temporal muscle was divided and

the bone depressed to disengage the process and luxate the condyle. The bone was pulled strongly outwards from the vessels, in order to avoid especially the internal maxillary artery, and after dividing the pterygoid muscles and the articular ligaments, it was removed. The bleeding vessels were tied or twisted. The foul granulations at the lips of the sinuses were pared away with curved scissors, and the sinuses were scraped with a sharp spoon. The surface of the wound was then dusted with finely-powdered Iodoform. The edges of the line of incision were brought together with cat-gut sutures. A saturated solution of Iodoform in collodion was painted over the line of union, and the sinuses were left free for drainage. No drainage tubes were used, and no further dressing was applied. The patient was then sent to his bed in Li Chu Bing Ward, where there were 13 other cases. His highest temperature, was 9950 on the morning after the operation. He was fed by inserting a soft rubber tube into the esophagus and slowly syringing the milk, or other fluids, through this, to prevent any food from finding its way to the wounds. Three or four times a day the sinuses were wiped dry with lint dusted with Iodoform, and Iodoform powder blown into them with an insufflator; the saliva flowing out was caught by the patient on oakum, which was removed by the nurse. August 6th .- The small anterior sinus had become blocked up. It was opened with a director; a very small fragment of bone was found and extracted. The patient went on without a single bad symptom, and he was discharged cured at 7 a.m. on the 22nd of August, three weeks after the operation.

Remarks.—The chief interest of this case centres in the fact that his wound was left open. There was free connection with the outer air through the two sinuses, and yet he recovered without one untoward symptom, except that due to the small piece of dead bone which was seeking an exit. When this was removed he got well at once. But that the boat for his native town left on a special day, he might have returned home sooner.

Our operating-room is in a detached building. The strictest attention is paid to cleanliness. All our instruments and appliances are clean, the wards are large, sunny, and supplied with a constant current of pure air. Still, this man was in a ward with cases of compound fracture, a case operated on for radical cure of hernia. A man who had just had two carious ribs and a part of the transverse processes of two of the vertebræ removed for empyema occupied the bed on his left, and a patient with compound fracture of the skull had the bed on his right. No drop of water, medicated or other, ever touched his wound; and Gamgee would say that had something to do with the happy issue of the case. Be that as it may, I have seen many other cases in the hands of my colleagues treated in the same way, with like results.

#### CONCERNING WILLIAMS' HOSPITAL,

P'ang Chuang Station, in Shantung, of the North China Mission A.B.C.F.M.

By A. P. PECK, M.A., M.D.

With surprise and gratification we in this little corner of this vast Empire find that there is a fraternity of 80 odd medical missionaries in connection with the various missionary societies in China; and although these societies are careful to maintain that the medical department of their missions are not established from motives of philanthropy, for the alleviation of bodily ills, as are our elemosynary institutions at home, that being no part of missionaries business, this large increase in the number of medical men and women is an indication of two things: 1st, an increase in the number of preaching missionaries and their families whose health needs to be cared for, and therefore an increase in the missionary spirit in the home churches; and, 2nd, that hospitals and dispensaries are an important auxiliary to evangelization.

For this revelation of numbers we are indebted to the establishment of our "Society" and our "Journal," whose beautiful first number lies before me. How it may affect the others, I do not know, but I feel in my own heart a warm and fraternal regard for each one whose name is in this roll of honor, although, I am ashamed to say, there are some of whose existence I never knew before. But, from this indication of my own feelings, I am inclined to hope that one happy result of the establishment of our Journal will be an increase of the esprit de corps which is so inspiring to any aggressive body. And as I hope to learn more of these brethren of mine, their circumstances, and their doings, I will even do as I would be done by, and write a few words about my own station, at the risk of exposing myself outside the shade of that modest impersonality which is supposed to be the egis of professional life and etiquette.

Know then, friends, that the station of P'ang Chia Chuang (the village of the P'ang family, although the P'ang villains are all extinct) is a small community of about 100 families, lying 460 li S.S.W. of Tientsin and 20 li from the Wei river, which here forms a link in the Grand Canal system. It was opened as a separate station just after the famine, during which many in this region received help distributed by our missionaries. The medical department has always been in the charge of Rev. H. D. PORTER, M.D., until in the autumn of 1884 the writer was transferred from the city of Pao-ting-fu, in accordance with Dr. PORTER's urgent desire to be allowed to devote himself exclusively to preaching.

There has been no hospital for these many years, most of the cases being attended in dispensary practice, a few comparatively finding accommodation in the village, in which there is no inn that deserves the name. At the death of the Hon. S. Wells Williams, it was found that by a clause in his will be bequeathed the sum of \$500 "for the medical work under the care of Dr. H. D. Portea." This unexpected gift we resolved to make the nucleus for a hospital, and in honor of that eminent sinologue, to call it "Williams' Hospital."

Our Board responded generously with a grant in aid of all that we asked, and our principal business the past year has been to so expend the small sum at our disposal as to give the benefit of the best modern surgical and sanitary practice to the greatest number of patients. We cannot expect in such a location the expensively appointed hospital of the port cities.

Our aim is to keep the style of building and all arrangements as near to that of the vicinage, to which the people are all accustomed, as is consistent with needful sanitary precautions. As land is comparatively cheap, we can make the fullest use of that most sovereign antiscptic, sunlight, and secure by free ventilation a circulation of pure air whenever it will circulate. To this end all ward buildings have south windows of glass with transoms over them, and ventilating frames like Chinese windows in the north wall.

The question of beds still puzzles us. In this region the common people have a habit of building for themselves k'angs of mud-bricks in the fall, and warm them during the winter, ntilizing for this purpose the waste heat from the food-kettle, the smoke passing through the k'ang into the chimney, and supplementing this heat, if necessary, by stalks or other fuel burned under the k'ang. In the spring these k'angs with the collected soot are torn out and spread over the fields as a fertilizer, the family sleeping on wooden beds during the summer. Whether we shall adopt some modification of this plan, or confine them to beds and try to warm the wards during cold weather, remains still to be decided, the latter plan most consonant with our foreign ideas, is most at variance with the habits of the people, but to it Dr. Mackenzie has come in his hospital in Tientsin. This is the only testimony I know of, as to experience in this latitude.

My surgical experience with the Chinese has convinced me that, notwithstanding their filthy habits, it is comparatively easy to secure good antisepsis. Our hospital buildings all have independent frames to support the roof, and the walls are filled in with adobe brick which can be torn out at any time if they become infected. These walls, we hope, with well limed surfaces inside and plastered ceilings, will make healthful wards.

Floors are a very important consideration. The native fashion is brick; but they are very absorbent, and must soak up discharges and filth of various kinds. It was my privilege to suggest to Dr. Mackenzie the use of cement floors, which are water-proof. He tried one, and now tells me that he is so well satisfied with it that he is putting in another. He having so kindly tested the question for us,

we can go ahead with full confidence, and put them down as fast as we get the money to do it with.

Now if there are any other of our good neighbours who will give us practical points out of their experience, we are just like everybody else, always glad to receive good advice, and then to do as we've a mind to. And, finally, may this gossipy and neighbourly communication, which is in no wise a profound or elaborate acticle, break the ice, and prove at last that Williams' Hospital has the best intentions ("teo yïa") toward the professional fraternity of China.

#### METHODS OF DISPENSARY WORK.

Read before the Medical Missionary Association of Shanghai, April 5th, 1887.

By ELIZABETH REIFSNYDER, M.D.

In the consideration of such a subject as this, I realize in the very beginning my utter incompetency to bring forth anything new or even to speak very much from experience, having been in China but three-and-a-half years, and having had a dispensary only about two-and-a-half years of this time; still, we have met together for mutual edification, and what I fail to bring forth, I feel sure the rest of the Society present will readily supply.

We all come to this land with some ideas of dispensary work at home; that is, the most of us have had more or less to do in this direction, and while at home the dispensaries are free, and for the poor only, here in China all classes come to us, hence we are not justified in giving indiscriminately at this day, when so many of the Chinese know the value of foreign medicines; therefore, I would say, charge a small fee. Let it be understood that all are expected to pay this fee each time, but let it also be understood that one unable to pay will be seen just as readily as one that pays. You might suppose that advantage would be taken of this plan of procedure, but so far in my experience almost all have paid that could, while the fact that the very poor were seen for nothing seemed to be taken as a matter of course. It might be well to add in this connection, that a special stamp is kept for charity patients, and when I see their slips I know at once their impoverished state. We find that the majority that come to us prefer to pay, feeling that they are giving something for what they receive. No doubt the idea prevails that what is given for nothing is worth nothing.

I would also add, that all receptacles for medicines that must be supplied ought to be bought. The actual value cannot be obtained, but something ought to be given in exchange, and it helps the patients to remember to bring something with them, wherein to put the medicines.

I fully believe that medicines obtained in the way just described will be more readily taken; not all, it may be true, but the greater part.

It is not my intention to say what I do, yet a little of our experience at the Margaret Williamson Hospital for Chinese Women and Children may be interesting. The entrance fee is 28 cash; in one month last year, the month of May, over 67,000 cash were received, and during the year over 429,000. It is a question whether there would have been any more patients had no fee been charged. Before leaving this subject of pay, it might be well to note that the rich ought to be asked the full value of the drugs received. I think all will agree with me on the point. Some dispensaries have "free days," that is, one or two days in the week when no fee is asked, hoping that the poor will take advantage of these days. Such a plan might work in a city, but with us out in the country, having patients that find it difficult to keep track of Sunday, and many coming long distances, it is doubtful whether one could institute such an order of things. Would not many not poor take advantage of the "free days" also?

The one object and the great object in having Mission Dispensaries is, as we all know, to enlighten these people concerning the Doctrines of Christ and to point them to the True God. By making them pay to listen to a doctrine they do not care for, it looks as though we were laying a trap for them. And some may maintain that we ought to give them their medicines for listening to our preaching. This question I do not pretend to decide.

How much medicine shall be given at one time to each patient? I claim, enough to do some good or have some effect. True, risks are run, but risks must be taken, especially if the majority come 10 li (three miles) or more. Really, the wear and tear on one coming and going such a distance is not a small matter. Not infrequently we are asked to give more, owing to the long distance and the difficulty of getting to the hospital. If the patient is known, enough is given to last several weeks. None of us want to waste good drugs, yet if treatment does not tell, what is the use of treatment? Are we justified in having dispensaries with the two-fold object in view—the dispensing of that which we deem the most important, the healing balm for their souls, and yet slightingly care for these bodies which the Chinese consider of vastly more significance? In so far as it lies in our power let us see that both receive the very best consideration that can be given unto them.

How are we to diagnose and prescribe for the great numbers that come? For instance, an average of 155 for days, which is not uncommon with us, and often almost 200. The majority of these to be seen after 1 p.m., and but one

physician and one druggist; all patients to get written prescriptions. True, about one-half are prescribed for at a glance, as scabies ascarides, the different types of Ague, etc. But questions must be asked, answers must be gotten, the tongue ought to be looked at, and to ease the mind of the patient, as well as for one's own gratification, the pulse must be felt. Other questions there are of equal importance, and when the dialect is a very peculiar one, it is almost impossible at times to get any satisfactory history, brief as it must of necessity be.

There is one great difficulty in connection with work for women and children only, that does not present itself in the general dispensary work, and that is, what to do with the men. I must admit that I am puzzled. At home, woman is to a certain extent a free moral agent, certainly so far as going to a dispensary is concerned. She it is that takes the children or child to be treated. Here, the husband invariably comes with the wife, the father with the daughter, and the father, too, it is very often that brings the baby, or comes with it and the mother or nurse. Now, the man may have sore eyes, chills, indigestion or scabies. to refuse to prescribe for this man under these circumstances? I think not, and and I attend to his wants. But now another difficulty arises. There is nothing at all the matter with the woman, but she brings the man, and claims that, as they came together, he is eligible for treatment. Sometimes such persons are seen once, not at all if the parties are known and have already been directed elsewhere. But it is, no doubt, hard for a man that has come five miles, to be told to go two or three miles farther. These are difficulties that are not met with by the other members of this Society; yet some ideas on this very troublesome point are most desirable. The line must be drawn somewhere. I know that some of my sisters in the work elsewhere, do very much as I do; others see both classes. All, no doubt, are governed by circumstances.

Last, but most important of all, is the evangelistic part of our work, which we come to carry out or have carried out, and if we fail to do so, we are not doing the work that has been appointed us. We do not come here merely to attend to these perishing bodies. Yet how is it possible to do all? Many of us are overpowered already with medical work, executive duties, and numberless matters in connection with the mission, that are never met with by any hospital doctor at home. If we cannot ourselves talk to the people that come daily, let there be an earnest devoted native to speak to them an hour or more before the work begins; or, better still, let there be in connection with every hospital or dispensary one foreigner, not necessarily a medical person, to have for her or his special office this one branch of the work, including, of course, the ward patients. The physician may not have time or strength to preach daily, but he or she can do a world of good by kindnesses shown, by gentleness-in fact, by living Christ, much can be done for Him. The Chinese are, as we all know, most observing, and our daily lives are more to them than all our words. To them, however, that have the time and the language, I certainly would say, preach all that you can, and may the Lord's blessing go with your words.

#### A MEDICAL MUSEUM.

By H. W. BOONE, M.D.

THERE are at present more than 80 medical missionaries scattered throughout the provinces of China. Nearly as many more medical men are engaged in the practice of their profession at the various ports of trade. All of these gentlemen have from time to time the opportunity of seeing rare or interesting cases of great medical or surgical interest. Some of these doctors have taken every opportunity to prepare and preserve specimens illustrative of the various diseases that have come under their observation. Many more would be willing to take the same trouble if the results of their labors could be made available for the benefit of others. Many valuable specimens, if preserved in some small port or interior station, would only be seen by one or two medical men. Shanghai, from its location, is about the most convenient and central point in China. The Coast and River Steamers center there, and all the great European and American lines terminate at the same port. A large number of the medical men in China pass through Shanghai in going to or coming from their places of abode. What could be more appropriate than to have a Medical Museum at Shanghai? There are 14 or 15 medical practitioners living there, and, without doubt, one among the number with special qualifications for such a post could be found willing to assume the important position of Curator of the Museum. There are four or five hospitals, with out-door departments attached to them, all at work in Shanghai, and these alone could make valuable contributions if there were some regular place of deposit, with a proper custodian. There are good reasons for hoping that a regular medical library will soon be established in Shanghai, and what more appropriate than that the library and museum should go together. We need a nucleus around which good medical work can grow; so far our efforts have been too scattered to be productive of very much good. With a Medical Association for all China, the Secretary residing in Shanghai, with a Medical Journal published in Shanghai, and a Library and Medical Museum, we would be on the high road to good work in the near future. It is earnestly requested that medical men take an interest in these matters. Every medical missionary is a member of our Association. Every respectable medical man can become an honorary member by applying or signifying his desire to join. We beg all medical men in China to remember the Medical Museum.

# A GLANCE THROUGH THE WARDS OF A MISSION HOSPITAL.

By J. KENNETH MACKENZIE, M.R.C.S., L.R.C.P.

It may not be uninstructive, as showing the amount of surgical relief bestowed upon the Chinese, to note down some of the operation cases at one time in the wards of a Mission Hospital. This day, April 22nd, 1887, there are 54 in-patients occupying the wards; amongst them are the following cases:—

Calculus in the Bladder:—Stone removed weighing over 3 oz. and as large as an egg.

Abscess in the Liver :- Operated on three weeks ago.

Two cases of Epithelioma of Lower Lip: —In each case the entire lip had to be removed.

Amputation of Leg for dry gangrene of foot.

Cancer of Penis, involving the entire organ:—Removed by Wheel-House's method.

"Shell" explosion, causing compound communicated fracture of right tibia, destroying the right eye and smashing the right arm:— Amputation of right arm. Fracture has united after several months' treatment, and he is nearly able to go home.

Extirpation of Eyeball for rodent ulcer.

Necrosis of lower jaw: - Partial removal.

Fibrous tumour removed from Parotid region.

Cataract, senile, double :- Extraction. Good vision in both eyes.

Cataract :- Soft. Needle operation to both eyes.

Three cases of Iridectomy for Leucoma.

Epithelemia of upper eyelid of right eye:-Excised,

Fracture of left tibia.

Amputation of big toe.

Hare lip in adult.

Two cases of Fistula in Ano.

#### London Mission,

Tientsin, April 22nd, 1887.

## CORRESPONDENCE.

#### OFFICIAL NOTICES.

To the Editors.

Medical Missionary Journal of China.

DEAR SIRS,—I take pleasure in informing the Members of the Medical Missionary Association of China, that Drs. LYALL and McCartee have been unanimously chosen to represent the Society as delegates to the International Medical Congress, vice Drs. Parker and McKenzie, who were unable to serve.

Faithfully yours,

E. M. GRIFFITH, M.D., Secy. & Treasurer.

To the Editors,

Medical Missionary Journal of China.

DEAR SIRS,—I take great pleasure in acknowledging the receipt of Initiation Fees and Yearly Dues for 1887 from the following Members of the Medical Missionary Association of China:

1. Dr. L. H. GULICK,

2. " W. H. PARKS,

3. " E. M. GRIFFITH,

4. J. M. SWAN,

5. , MARY W. NILES,

6. .. MARY FULTON.

7. " J. C. Thomson,

8. ,, H. M. McCandliss,

9. ,, J. G. KERR,

10. " H. W. BOONE,

11. " SYDNEY HODGES,

12. Dr. ROBT. BEEBE,

13. ,, P. B. COUSLAND,

14. " W. W. RIDDELL,

15. , J. F. McPhun,

16. " B. C. ATTERBURY,

17. , G. K. CREWS,

18. " J. K. McKenzie,

19. "HERBERT HICKIE,

20. " JAS. B. NEAL,

21. , DUNCAN MAIN,

22, ,, R, G, McDonald,

23. ,, J. W. HUNTER,

24. , D. GRANT,

25. , A. L. McLeish,

26. , V. C. MURDOCK,

27. , GEO. YARDEL TAYLOR,

28. , D. Christie,

29. ,, J. R. WATSON,

Very respectfully,

E. M. GRIFFITH, M.D., Secy. & Treasurer.

A WORD FROM COREA.

Seoul, Korea,

May 30th, 1887.

Rev. L. H. GULICK, M.D.

Shanghai.

DEAR SIR,—A copy of the China Medical Missionary Journal came recently to my notice. I like its plan so well and hope to gain so much profit from it, you will please find my subscription price enclosed for first year,

You have one serious omission,—The Methodist Episcopal Church has had representatives here for two years and has done medical work here during that time. We have only one medical worker, but he has treated or assisted in treatment of several thousand patients during the past two years.

Our Hospital and Dispensary has been completed and in use for one year. Dispensary work alone was carried on during the year previous to completion of Hospital. During the month in which I now write we have had a daily average attendance of a fraction over twelve. We have ward accommodation for 40 or more patients, but at no one time as yet have we had more than 5 immates. Medicine is very readily taken by the Koreans, but surgery has rather a slow growth in their favor. We are, however, as they become better acquainted with our foreign ability, having more and more to do in that line.

The Government is very favorably disposed to our work and has sent us official recognition.

Wishing the Journal success and yourself success in your work,

I remain,

Yours very sincerely.

WM. B. SCRANTON, M.D.

Medical Missionary,

Methodist Episcopal Church,

Seoul, Korea,

WOMAN'S HOSPITAL IN SOCCHOW.

A correspondent writes us:-"Dr. MILDRED M. PHILIPS, of the Woman's Board of Missions, M. E. Church South, intends to erect in this city a Hospital for women and children, with ample accommodations in every department, which it is hoped will be completed in the autumn of the present year. Meanwhile, the Doctor has opened a small temporary Hospital for this class of patients on the mission property. The building contains a waiting-room, room for medical clinics, dispensary, operating-room, etc.; also a ward with space for five beds, and one apartment for first-class patients. From the date of its opening last month, or 3rd March, up to April 8th, 253 patients have been treated, including three in-patients, 426 prescriptions have been filled, and five operations were performed by the Doctor.

"Morning prayers with the employées of the Hospital are held daily in the waitingroom, where, also, the patients and their friends attending the daily clinics are addressed three times a week by a Chinese preacher, and a Bible-woman is present every afternoon to converse with them. As the number of friends is usually double that of patients, probably so far upwards of 400 women have heard in this waiting-room of the Gospel and its truths.

"Thus Dr. Philips has entered with most encouraging prospects the sphere of labor she is so eminently qualified to fill, and has the cordial good wishes of many friends that she may long and with ever-increasing success prosecute her chosen work."

## SELECTIONS.

#### BERI-BERI.

By P. B. COUSLAND, M.B., C.M.

[The value of the following paragraphs on the comparatively recently recognized disease of Beri-Beri or Kaké, induces us to reproduce them entire from Dr. COUSLAND'S Report for 1886 of the hospital under his care at Swatow.—EDITORS.]

"There was an outbreak of the atrophic variety of this disease in the middle school for boys and the girls' school of this Mission at Swatow. The boys' school reassembled after the New Year's holidays by the beginning of March. The girls' school did not break up at the Chinese New Year. The first cases were noticed about the beginning of May, when several boys who had been under treatment for dyspeptic symptoms began to complain of numbness of the skin of the abdomen and legs, and a little enquiry elicited the usual symptoms. Before long seven boys were down with it, and as nothing had the least influence in checking the course of the disease, they were sent sixty miles inland to the highland Hakka country, and placed under Dr. McPHUN's care at Ng-kangphu. This was on the 26th of May. Three days afterwards, as seven more boys and the native teacher were affected, the school was broken up and the boys sent home.

"On the 2nd of June one girl was attacked, on the 11th another, and on the 17th two others. As 5 or 6 more had slight prodromats, the summer holidays were anticipated and the school dismissed.

"The symptoms in those attacked differed but slightly. There was first a rheumatic sensation in the affected parts, and in many cases evidences of gastric catarrh. Then followed numbness of the anterior tibial and femoral regions, and of the abdomen as far up as the umbilicus. At the same time the muscles of those regions became hard and painful. The pain was of a hot, crawling, and cramping description, and in some cases prevented sleep. This was followed in a few days by marked flabblness of the affected muscles and loss of power. The accompanying paresis was brought home somewhat forcibly to some of the boys by their legs suddenly giving way under them. This compelled them to take to bed. There was also pain in the knee, aggravated by stretching the leg. In some cases the partial anesthesia eventually extended to the forarms, but in no case, with one doubtful exception, to the lips.

"The areas of anesthesia were not the same in all cases. One boy had none of the femoral region. Others had the calves and back of the thighs affected as well as the front. The ankle-clonus and knee jerk were absent: unfortunately I have not kept a note of the skin reflexes. In the boys last attacked pain in the knee and in the Tendo Achillis behind the ankle-joint were the most prominent symptoms. Dyspnœa was pretty marked among the worst cases in the boys' school. In only two cases was there any cedema. In one there was slight cedema about the ankles. He had a systolic murmur in the mitral area. The œdema disappeared in a few days on the administration of Digitalis. In the other case, where the face was slightly puffy, there was reduplication of the second sound in the aortic and pulmonary areas. The dyspnœa was most marked in these two cases. In the others auscultation revealed only a somewhat tumultuous cardiac action. In all the boys there was tenderness on percussion of a varying number of the upper Dorsal vertebrae. This could not be elicited in the girls. The excretions were quite normal,

"In the case of two of the girls the onset of pain in the legs was quite sudden—one was seized while in the class-room and had to be carried howling upstairs. On the whole the girls suffered less than the boys. Before the girls' school was broken up, those affected were all able to shuffle about a little. The disease did not go on steadily from bad to worse as it did in the other school. Five or six girls had slight premonitory symptoms for a number of days but they never came to anything.

Of the boys who were sent to Ng-kangphu, four soon recovered so far as to be sent to their homes. The other three remained at Ng-kang-phu for a month and a half, One of these is still at home. The other two returned to school this winter, 1886-7, and have been under treatment for some degree of stiffness and atrophy of the muscles of the calf. The others who were sent directly home recovered completely in the course of two or three weeks. I should have noted that strong and weak, older and younger. were attacked indiscriminately. Of the three worst cases two had previously enjoyed good health, while the other had been in bed for a month with chronic articular rheumatism.

"No medicinal treatment was found of any value, but the curative effects of removal from the site of infection were most marked. For the sequelæ, cod liver oil, strychnine, and Faradaism were of some service. Prohibiting rice to those affected produced no apparent benefit.

"I did not diagnose Beri-beri until the boys' school had been dismissed. The descriptions in the text-books are quite inapplicable to the dry form. Fortunately I came across Dr. SIMMON's article in the Customs' Medical Report for 1879-80 which removed all doubts as to the nature of the outbreak.

"As to the cause of the outbreak it is difficult to arrive at a satisfactory conclusion.

"In the same compound with the affected schools are the mission houses, and Theological Seminary, while the Hospital is close by, and yet nobody outside of the schools was attacked. The food suggests itself as a probable vehicle for the introduction of a specific poison, especially as it has been

stated that the spores of the suspected Bacillus have been found adhering to rice, and a large quantity of rice was being imported from Mid-China, Japan, and Siam at this time. But in that case there should have been some cases among the other Chinese in the compound and in Swatow, in fact all over the country. As it was I could not hear of a single case, and besides it was found on inquiry that imported rice was not used in the schools. Why such an outbreak should have occurred in two well ordered, clean, airy schools, built somewhat recently, like the rest of the mission buildings, on land reclaimed from the sea, and having no communication with each other, in a district where Beri-beri has hitherto been unknown, while among the Chinese all around not a case seems to have been known. is a problem that awaits solution. season, it may be remarked, was an exceptionally dry one. I believe that in the summer of 1884 there was a solitary case in the boys' school of what must have been Beri-beri.

"Since the 'outbreak above described ten cases of Beri-beri have been treated in the Hospital. Two of those came from the neighbouring district of Hai-yang, and I have but little doubt that they were examples of the dry form of Beri-beri. Of the others, seven came from Singapore and one from Penang. They were all of the dropsical variety. The sea-voyage had apparently a beneficial effect, for by the time they reached Swatow the anasarca had almost disappeared, even when, according to their own statements, it was quite marked on embarking. The muscular atrophy and anesthesia were in the same localities as in the dry cases. In addition there was dyspnæa, a systolic murmur over the pulmonary area, and constipation. The affected muscles regained strength very slowly.

"Recent investigators in Malaysia have stated that Beri-beri cases can infect a locality. Might it not be that its occurrence in the schools has some connection with the constant importation of these cases from the Straits Sttlements?"

#### ENDEMIC GOITRE IN CENTRAL ASIA.

Surgeon G. M. GILES, M.D. Lond., surgeon to the I.G.S. Investigator, who was sent on special duty with Colonel Lockhart's Mission to the Gilghit and the Paman Plateau, furnishes an interesting paper to the Indian Medical Journal on the Prevalence of Goitre among the denizens of the Highlands of Central Asia. Dr. GILES is inclined to attribute the disease to the habits of the people who live in dark mud huts with no entrance for light but the door, and to the absence of trees on the surrounding hills. He speaks very highly of the treatment by injections of iodine into the cysts, at intervals of a week or so, and lays great stress on the use of a watery, not an alcoholic, solution of the drug. His highly favourable opinion of the efficiency and harmlessness of iodine is founded on the result of some three hundred injections .- Lancet.

## MEDICAL REPORTS OF THE IMPEBIAL

#### CHINESE MARITIME CUSTOMS.

"More than half the last number of the Medical Reports (II. Special Series: 32nd issue) published by the Imperial Chinese Maritime Customs, consists of an exhaustive paper by Mr. W. W. MYERS, M.D., on the 'Filaria Sanguinis hominis' in South Formosa. Four years since we noticed a paper from the same pen on the same subject, which has given rise to some discussion in medical circles. Mr. MYERS now gives us the benefit of his further researches, and maintains his previous convictions. The subject is too complex to be entered into in the brief space at command in a review. The following extract will, however, give the result of the investigations :-

'From these and other observations I feel justified in reasserting that the filarial mosquito, or at least that species which acts as such on the mainland, is absent from the south part of this island; while judging from the absence of filarial diseases all over Formosa it is almost certain that this essential intermediary, for some reason as yet unknown, cannot or does not exist at all in the island. People are constantly coming and going from Amoy, water-tanks arrive every day, but still the closest search has failed to discover a trace of the Amoy insect anywhere in the southern half of Formosa,

"On the health of Takow and Taiwan-fu for the two years and a-half to September 30th, 1886, Dr. MYERS reports that the general health of the foreign community was good. He states that the two first candidates trained at the David Manson Memorial Hospital had passed a satisfactory preliminary examination at Hongkong. Dr. RENNIE states that foreigners had suffered at Tamsui from malarial fever during the six months ended September, 1886, but that they do not suffer so much as the natives do and generally resist the attacks better. He accounts for this in consequence of the 'deficiency of nerve energy' in Chinese, and the fact that Europeans are better nurtured. The reason for the greater prevalence was that the soil was being much turned for new earthworks. It is curious to notice that dwellers in two-storied houses, who numbered sixteen, were not attacked at all, while sixteen out of eighteen, living in one-storied dwellings, had it more or less severely; he consequently suggests an improvement in the one-storied houses. Drs. RINGER (of Amoy), J. H. LOWBY (of Hoihow), and RENNIE (of Foochow), all report the health of the foreign communities as being good. The latter reports two or three cases of beri-beri amongst natives, and a very severe breaking out of cattle disease amongst imported animals. Dr. DALY states that the health of Ningpo was fairly good for the six months to Sept. 30th last. He strongly recommends Dalansan (where exists a high plateau) as a summer health resort. Dr. Jamieson reports a higher death rate at Shanghai, and with his report the present issue closes."-London & China Express.

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## The China Medical Missionary Journal.

Vol. I. JUNE 1887. No. 2.

#### THE CONSTRUCTION OF HOSPITALS.

THE subject of Hospital Construction must necessarily be one fertile in interest to every medical missionary. In the home lands only the privileged few amongst medical men are able to obtain hospital appointments; many are thankful to get their names enrolled upon the staff of one of the many dispensaries, but the great bulk of the profession with their student days cease their connection with such institutions, and their interest in hospital construction is consequently only a secondary one. We, on the other hand, as far as our medical work is concerned, are chiefly hospital surgeons; for we take it that few will be content to confine themselves for years to the, not always satisfactory, field of out-patient work. Most of us are ambitious enough to desire to see permanent and far-reaching results flow from our efforts; and this, whether from a scientific or missionary point of view, is not to be obtained apart from an established hospital. The vast field of medical relief in China being scarcely touched verily compels the most diffident to assume responsibilities and to undertake surgical operations of the gravest nature, from which he would naturally, and especially in his often unaided position, have shrunk. Our interest in this subject then being paramount, let us consider it for a while.

In western lands, when a hospital is to be erected, a committee of influential men is formed, plans are invited from several architects, sanitary engineers are consulted, and everything is done regardless of expense to ensure a handsome and perfect building; for it is the pride of our western civilization—the outgrowth of our inherited Christianity—that in their time of need the poor shall have the same advantages as the rich.

How different the position of a medical missionary who aims at the establishment of a hospital in this land. He generally has to be his own architect, and as to the sanitary engineer—well, his time has hardly come yet. When the mission is situated in a large port in close proximity to a foreign community who are in sympathy with his work, he may fairly aim at erecting something after the style of the less pretentious home hospitals, though even in these circumstances we think he should bring his western ideas as much in line with Chinese feeling as it is possible to do without sacrificing efficiency.

We cannot expect the Chinese to swallow at a draught all our notions upon the subject of hospital management and hygiene. We require much patience and forbearance in order to gradually educate them to appreciate the advantages of occidental methods. Indeed, in our desire to establish a hospital purely upon the foreign model, may we not possibly be in danger of imitating the well-known housewife who, in her zeal for order and spotless cleanliness, made the lives of her household a prolonged refinement of torture? We are here to conciliate, to win confidence and to present western improvements in as attractive a garb as we can; let us see to it that this garb does not startle them by its strangeness.

But his situation will largely influence his action. Away in the interior the prejudices of the people have to be consulted before everything, and he may be compelled by the very exigencies of his position to utilize an ordinary Chinese dwelling-house as his hospital. Then, again, the matter of finance will be a leading factor in the settlement of the question, for he must cut his coat according to his cloth; though, by-the-bye, do we not suffer sometimes from having a plethora of money?

Our ideal in hospital construction for China at the present day is, single storied buildings, entirely detached; for example, wards of the following dimensions,  $48 \times 24 \times 14$  feet, with opposite windows in the sides, capped with transoms, and reaching nearly to the ceiling; the floors and walls to be covered with Portland Cement; this can be swabbed over daily, and thus cleanliness will be ensured while absorption is prevented. The offices should be attached to one end of the ward. By this arrangement, with the use of simple antiseptic dressings in order to isolate the wound, with plenty of fresh air and cleanliness of the ward, you are largely independent of tidiness in the person of the patient, and may have a ward full of surgical operation cases while the air is perfectly fresh.

This style of building too adapts itself readily to Chinese taste, especially as the roof may be modelled after the native pattern, while the grounds around and between the wards can be planted with shrubs and trees. This plan combines simplicity with economy—economy in that, instead of erecting a large block of buildings which will not be required in their full capacity for many years to come, you are able to add ward to ward as the needs of the work develop.

The out-patient department should, we think, be kept perfectly distinct from the hospital proper.

J. K. M.

### CHINESE MATERIA MEDICA.

THE study of the Chinese Materia Medica is one which should engage the attention of Members of the Medical Missionary Association, and the opportunity now presents itself of initiating some plan by which united and systematic efforts may be made in this direction.

The Chinese Pharmacopeia contains a formidable list of substances used in medicine, and gives one at first sight the impression that to master it is a task of no ordinary magnitude. We may, however, divide the list into three classes, as follows:—

1st.—Those common to Chinese and Western Medicine, such as rhubarb, camphor, opium, sulphate of soda, nitrate of potassa, liquorice, anise-seed, cinnamon, musk, assafeetida, etc.

2nd.—Those which are inert, as sulphate of lime, pearls, petrified crabs, deer-horns, ginseng, and numerous other articles.

3rd.—Those which are peculiar to Chinese medicine, and of which little or nothing is known.

Eliminating the first and second classes, we have only the third left for investigation.

The first step would be, to have made out and printed a complete list arranged in these three classes, and copies placed in the hands of each member of the Association and of every medical man in China.

The next step would be, to divide those articles to be investigated and experimented with, among such as would be willing to undertake a share of the work; reports to be published from time to time in this Journal.

As aids to beginners in the study of Chinese medicines, there are two or three books which will be of service. The first is the Pharmacopoeia of India, which contains descriptions of many drugs native to that country, some of which must be identical with, or nearly related to, similar species in China. Identification of these by their Chinese names would give us the benefit of study given to them by the Profession in India. Another book is Dr. Porter Smith's Chinese Materia Medica, published at the Presbyterian Mission Press, Shanghai.

In this we have an outline of what information the Chinese Herbal (the Pun Tso) gives concerning the properties and uses of Chinese medicines, as well as valuable facts collected from various sources.

The late Dr. Hance, the distinguished botanist, who devoted so much time and attention to the study of the flora of Southern China, has written descriptions of 633 hitherto unknown plants, among which are, no doubt, some possessing medicinal properties.

The late Dr. Hanbury has also contributed to our knowledge of Chinese medicine.

In Hongkong, Mr. Forn, the Superintendent of the Botanical Gardens, and Mr. Crow, the Government Analyst, are engaged in investigating medicinal plants.

Mr. FORD has all facilities in the Botanical Gardens for cultivating medicinal plants, and would, no doubt, receive seeds or plants from any member of the Association.

It will be no small advantage to medical missionaries to have a knowledge of the medicines which their patients are accustomed to use; and, we trust, the time is now near at hand when we shall know not only the virtues attributed by native doctors to their medicines, but also the chemical composition and physiological action of all those which possess any real power to combat disease.

J. G. K.

#### A REVIEW.

A VOCABULARY OF DISEASES IN ENGLISH AND CHINESE.

Canton: E-Shing, Printer, 1887.

WE are indebted to Dr. J. C. THOMSON, of the Canton Province, for this valuable collection of medical terms in Chinese and English. From the preface we find it is issued with the imprimatur of Dr. Kerr, and should certainly be in the possession of every medical missionary.

Dr. Thomson gives us in alphabetical order the English names of the various diseases side by side with their Chinese equivalents. In many instances we have the technical name and a colloquial native term both given; this is a good arrangement, but we are of opinion it might be improved by the addition in a subsequent issue of the more common colloquial terms in use in other great centres besides Canton. For instance, "Ague" is rendered by the characters 遠症 and also by two colloquial expressions, presumably in common use in Canton. In the North of China, the term in general use is 養症 子, pronounced fa yao tz, while, if we mistake not, 大 豫 寒 is generally used in Hupeh.

Frequently the same disease appears under two different foreign names in the Vocabulary; and we notice that there is in each case a different rendering in Chinese. This seems unfortunate, as it tends to the multiplication of artificial terms, which we would gladly avoid. Thus, "Leprosy," which has the good Chinese A Review. 81

equivalent 紙 瘋, is given under its synonym of *Elephantiasis Grecorum* as 饕瘋, which in the North might be confounded with the expression for madness. Again, "Goitre" and "Bronchocele" are differently designated in Chinese, though the disease is the same. "Goitre" is rendered 頸核生大, which may be translated "enlargement of the glands of the neck," while "Bronchocele" is more accurately defined 結 喉下核生大 (enlargement of gland below thyroid cartilage). But why not in both cases use 逕 or 瘿袋, which is given in *Williams' Dictionary* as the Chinese name of the disease?

"Squint" and "Strabusmis" are also translated differently.

Would it not be well, when the Chinese have a name clearly denoting a particular disease, to prefer this to a new one, unless there is some serious objection to the native one. Why not use 脱箭, the common Chinese term for Dislocations? It would seem preferable to 跌挫骨較.

"Shingles" is curiously translated 天 永沧 (large blisters). Why this term, surely more applicable to Pemphigus than to Herpes Zostro, is used, we cannot quite see. 小水沧 might do, though this would only apply to Herpes generally, and would not define Shingles in particular. In North China the Chinese are well acquainted with Shingles by the phrase 乾 穩 濟.

The name for Cataract (情珠變質), given in Hobson's Works, commends itself more to our mind than the one given here (情珠生膜).

"Hare lip" is translated 崩口; evidently a localism. Would not 缺唇 be more generally understood. "Itch" is translated 癒. This name is not known here. The character 疥, which is its North-China designation, might be appropriately added.

The Cantonese name for Itch reminds us that this is the character (續) used for leprosy by our learned sinologues in translating the Scriptures. What are our wise clerical brethren about that they still cling to a term which is deemed unsuitable as a rendering for leprosy in a medical vocabulary, and which evidently has such very unpleasant associations connected with it in the South of China? Would not 大 痲 癒 or 痲 癒 be better than 瘓?

We hope the readers of the *Medical Journal* will use its columns for the discussion of this subject of Chinese medical terms. We append the following in the way of suggestion:—

Alcoholism	•••	•••	•••	•••	酒瘾
Amenorrhœa	•••	•••	•••	•••	經 閉
Anæmia	•••	•••	***	•••	血虧
Asphyxia	•••	•••	•••	•••	氣 閉
Breast Tumour		•••			乳 瘤
" Cancer		•••	•••	•••	乳巖

					THE JIA
Carbuncle	•••	•••	***	•••	搽 背
Chancre	•••	•••	•••	•••	下疳
Dyspnœa	•••	•••	***	•••	氣 促
Eczema	•••	•••	•••	•••	黄水瘡
Epistaxis	•••		•••	•••	鼻蓟
Fistula in ano			•••	•••	痔 斒
Hernia	•••	•••	•••	***	小腸疝氣
Paraplegia	•••	•••	•••	•••	下痿
Sea-sickness	•••	•••	•••	•••	暈 船
Stammering	•••	•••	•••	•••	口吃

#### HOSPITAL REPORTS.

Ir is our pleasant duty to notice several Reports of Hospitals kindly sent us. As we look over these interesting pamphlets we cannot but hope the time will soon come when the physicians and surgeons in charge of these various institutions will let us have at other times than annually, and directly for the China Medical Missionary Journal, the varied and instructive results of their experience. These brief Reports do not more than allude to many matters which cannot be fully discussed in pages for non-medical friends and readers.

THE CHINA INLAND MISSION HOSPITAL AND DISPENSARY, CHEFOO.

Dr. A. W. DOUTHWAITE speaks of Drs. PRUEN, PARRY & CAMERON, of the same Mission, as having carried on the medical work from June 1884 to February 1886, during which period no Reports were made. Dr. Cameron is now associated with Dr. DOUTHWAITE.

An out-station dispensary has been opened at Fu-shan, twelve miles west of Chefoo, which place is visited once a week. Work is to be opened at Ninghai-cheo, twenty-five miles to the east.

The out-door work at Chefoo will soon be removed to premises which have been secured in the town itself, while the hospital will remain at East Hill, about a mile out of town, at the Mission Station. Of dispensary cases there have been 5,635 new cases treated during the year ending February 28th, 1887, making a total of 7,648, including 620 at Fu-shan.

Of the Hospital, Dr. Douthwaite gives the following very interesting facts that strikingly coincide with statements on preceding pages of this number of the China Medical Missionary Journal:—

"The arrangements of this institution are in accordance with the tastes and habits of the people, as far as they can be consistent with cleanliness. We have a few beds kept for surgical cases, but most of the patients prefer the brick k'ang to which they are accustomed. The k'ang is a brick platform, 6 feet wide, raised  $2\frac{1}{2}$  feet above the floor, and extending across the room. The top is composed of stone slabs, plastered over with clay, and is warmed by burning grass or other fuel in the flue, which ramifies beneath it. It is covered with straw matting in summer, and padded quilts in cold weather. On these hard, comfortless beds the patients will lie or sit for weeks, quite happy and contented, and really prefer them to the spring mattresses which are provided for those who desire them. One advantage of this arrangement is that the bed can be covered with a clean sheet of whitewash whenever necessary. This necessity arises very often, and the mats the patients have slept on require drenching with boiling water after being used a short time. The reason for this is obvious."

Regarding the classes of in-patients, and their ability to pay, it is reported:—
"Only 79 patients have been admitted to the hospital, as most of those who apply for admission are too poor to contribute to their support, and we have no funds for providing food for them. A few have been assisted, and several accident cases have been taken in and provided for, but our rule is to insist on the payment of 70 cash  $(3\frac{1}{2}d.)$  a day for food, which is prepared for them by the hospital cook. Small as this sum is, many are turned away every month because they have no means of obtaining money when not working. The inpatients are of a higher class than those who attend the dispensary, most of those admitted this year being naval and military officers and tradesmen. The governor of an adjoining camp was under our care for several weeks, and over a hundred of his soldiers have received aid in the dispensary."

The expenses of the hospital and dispensary, additional evidently to the fees from patients, have been the very modest figure of \$589.71, of which \$444.00 were from mission funds, the rest donations from friends. We do not learn what was received from the patients themselves.

Three native students are being educated, one of whom commenced study five years ago and will soon be qualified for independent work. Each student binds himself to study at least three years, and agrees to work as "medical missionary" for a few years under the general superintendence of a foreign missionary. No charge is made for tuition, and there is a small fund for helping students not able to support themselves.

Acknowledgements are made of indebtedness for valuable assistance from the late lamented Dr. A. R. Platt, of the foreign community of Chefoo.

Several pages of medical notes are given, several of which are of considerable interest. The following, regarding the "anger disease" is of special importance:—

"The number of cases brought under our notice, which the patients attribute to 'passion,' are too many and varied to mention here. Two women were in our

care for the relief of glaucoma, brought on by fits of anger, and we frquently meet with cases of total blindness due to the same cause. An officer of the Taotai's yamen presented himself here a few months ago, suffering from pericarditis, which he declared had commenced during an attack of what he called the 'anger disease;' and scarce a day passes without our receiving applications for medicine for the cure of some gastro-hepatic derangement caused by uncontrollable anger. The patients are not in the least ashamed to admit that anger is the cause of their complaints, for they consider themselves the irresponsible victims of a disease which they cannot control, and don't try to."

The following case of inhumanity may, no doubt, be paralleled in many other parts of China :- " In England there is a 'Society for the Prevention of Cruelty to Children,' and if such a society is needed in such an enlightened country, we need not wonder that, in this heathen land, female children especially should be subjected to much ill usage, and their lives considered of little value. Of this sad fact we meet with many evidences, and the following case is only one of many: A little girl, aged 11, was brought to the hospital by her uncle, who is a member of our church. He stated that the child had been suffering from intense pain in the stomach for many months, and that her father had decided to kill her because she cried and disturbed his peace. A few doses of santonine brought away a number of large ascarides, and so removed the cause of her suffering. Note the difference between the heathen father and the Christian uncle. One would murder his own offspring because her cry of pain annoyed him; the other rescued the child, paid for her support while in hospital, and hired a woman to nurse her during the three or four weeks she was under our care."

Regarding opium-smokers, Dr. Douthwaite says:—"As with the habitual drunkard of our own country so with the Chinese opium-smoker,—there is little hope of permanent reformation unless he is truly converted and so enabled to look to God for power to overcome his enslaving habit. Opium-smoking is not so common here as in other ports, most of the people being too poor to indulge in that luxury to any great extent. The importation of foreign opium into this province has decreased considerably during the last few years. This, unhappily, is not due to decrease of the amount consumed, but to the increase and improvement in quality of the native product."

#### THE FOOCHOW HOSPITAL, IN CONNECTION WITH THE A. B. C. F. M. MISSION.

This Report covers a period of sixteen months, ending April 1887. The burning of the Foochow Native Hospital, May 23rd, 1886, threw so much work on Dr. H. T. Whitney that he was laid aside for two months; besides which he has been absent in the country during four and a half months. In the absence of Doctor Whitney the hospital has been cared for by the native students

and assistants, with occasional visits from Drs. Rennie and Adam, of the Foreign Community.

It does not appear how many students are studying medicine, but it is said:—"Medical Instruction has been continued part of the time in Anatomy, Physiology, Materia Medica and Therapeutics, Theory and Practice of Medicine, Surgery, and Hygiene. The Anatomy and Physiology were occasionally supplemented by demonstrations upon the viscera of hogs, sheep and goats. Surgery is, of course, well applied in the operating-room, and the abundance of clinical material helps to fasten in the minds of the students the prominent ideas of nearly all branches of medical science. It must not be supposed here that one physician can look after the treatment of seven or eight thousand patients a year and teach exhaustively all the branches of medical science from Anatomy to Hygiene, for no mortal is sufficient for such a task even in his native language, much less in a foreign tongue. At Canton and Soochow, and perhaps a few other places, the physician gets some help in teaching from others, but that millennium has not yet reached Foochow."

The institution has evidently been cramped for want of means. Appeals have been made to Chinese officials and to compradores, who are not, however, moved to do much, though \$300.00 are acknowledged from Chinese officials through the kindness of J. C. A. Wingate, Esq., the U. S. Consul.

"At the hospital, in-patients are received at all times. We tried the experiment of furnishing the patients' food, but we found they could not afford to pay more than 80 cash per day, and they would eat upward of 100 cash worth. So we were compelled to return to the old way and let each man furnish his own wood and food, and we furnish a man to do the cooking, and charge 20 cash a day each. This plan on the whole works the best with us."

The foreign community have subscribed \$517.00, and the native community \$571. The whole number of out-patients were 5,860 new, and 630 old cases. Of in-patients there were, in the hospital 602, at the bedside 104, total 706. The total of cases treated in Foochow and in Shaowu, which place Dr. Whitney visited, was 8,266. There were five cases of Beri-beri. In the neighboring Opium Asylum, under Doctor Chang, a former assistant, 171 cases have been reported cured.

# HOSPITAL AT FUH-NING FU, IN CONNECTION WITH THE

Fuh-Ning Fu is a prefectural city of some 10,000 inhabitants, about four days north of Fuchow. Medical work has been carried on there for three years. With reference to this work, Dr B. VAN SOMEREN TAYLOR says:—"The majority of medical cases are sufferers from constitutional diseases—ague and general debility. But I have to note an almost entire absence of leprosy, even although

a spot is pointed out as an old leper hospital. There is a tradition to the effect that about 70 years ago a mandarin, knowing the serious nature of the disease, invited all the lepers to a great feast, surrounded the house with soldiers, and then set fire to it, so that by this means the disease became stamped out."

The number of patients since March, 1883, are given as follows:-

	Dispensary.		Hospital.		Total.
	New.	Old.	Opium,	Med. & Surg.	
March 1883-Sept. 1883,	938	1,412	50	36	2,436.
Sept. 1883-Sept. 1884,	2,089	2,173	52	104	4,418.
Sept. 1884-Sept. 1885,	1,849	2,519	87	329	4,824.
Sept. 1885-Sept. 1886,	3,045	2,783	227	544	6,599.

Dr. Taylor says:-

"We make all welcome, be they patient or visitor, talk to them, and ask them to purchase a Gospel or tract. The dispensary is open daily. A small charge of 10 cash (less than  $\frac{1}{2}d$ .) is made to any patient who takes medicine home. Opium patients pay 50 cents, but all other in-patients receive medicine free."

Regarding the important subject of medical education, we cannot do better than quote Dr. Taylor in full :—

"I have had associated with me during the past year five students. These receive daily systematic and clinical instruction, whilst they assist me in the work. I hope that the day is not far distant when the Native Church may see its way to invite such men to take up true mission work in untouched districts; but I doubt the advisability of foreigners employing such men in such work unless they are able continually to superintend them. But even though these students may not become medical missionaries, I see no reason why the training of them should not be regarded as mission work.

"Surely from a merely humanitarian point of view it is right for us to train men who will be able rightly to treat disease, and thus in some degree put an end to the maining for life by the Chinese doctor of the present day. When we remember that in this work we have placed with us for about five years men whom we believe to be Christian, at a time when we may be able somewhat to train their character, and thus mould their after life; that we have the opportunity of watching them daily, correcting their mistakes, helping them in their attempts after all that is true, noble, just, and right; of daily bringing them in contact with the Word of God and the Teaching of Christ, I think we have every reason to rank this department as one of the best methods of true mission work and as well worth the time and money devoted to it."

# HOSPITALS AT SWATOW AND UNG-KANG-PHU, IN CONNECTION WITH THE PRESENTERIAN CHURCH OF ENGLAND.

These hospitals are under the care of Drs. Cousland and McPhun. The number of patients at Swatow is reported as 3,592 in-patients and 1,944 out-patients,—total 5,536, of whom 842 were women, besides whom a large number of trivial cases were treated by the senior assistants out of dispensary hours. The institution is thus described:—

"The hospital buildings consist of three two-storied blocks, one being administrative and the other two having each four large wards—two upstairs and two downstairs. In addition, there are small wards for special cases, private wards, students' rooms, and the former leper hospital, the latter distant a few minutes' walk. Altogether there is accommodation for 150 patients. One ward is reserved for opium-smokers. Formerly no charge was made for this class of patients, but as this proved unsatisfactory a new rule was instituted last year requiring them to pay \$1 as a guarantee of good faith. This has had the effect of reducing the numbers coming by more than one half, but the treatment of those who did come was much more satisfactory. I have to gratefully acknowledge receipt of a telephone to connect the medical man's house with the hospital, the gift of Miss Ricketts. In many ways it will be a great help."

A class of six students was under instruction during the year. Drs. Kerr and Osgood's Works on Materia Medica and Anatomy were used as text-books. "In Anatomy an articulated skeleton was the chief aid, but through the kindness of Mr. J. T. Morton, of London, the students this year will have the enormous advantage of revising their Anatomy on a 'Modèle d'homme complet du Dr. Auzoux.' At the half-yearly examinations a very fair knowledge of the subjects was shown."

A very gratifying result religiously is that of the in-patients; twenty have been received into the Church. Of subscriptions \$853.56 were received from foreign friends, and \$198.24 from Chinese, besides which Tan NGUAN-SENG continued his supplies of rice and cash, amounting to 6,000 tickets, worth \$191.36; and \$19.44 in value of the same kind were given by two other Chinese friends. The sale of medicines, trusses, milk, and receipts from patients, makes a total of \$1,045.09. We reserve the valuable remarks on "Beri-beri" for another column.

At Ung-kang-phu, in the Hakka region, and near to the Hoklos, the number of out-patients was 2,225, and of in-patients 315, included in which were 40 female in-patients, 451 female out-patients, and 350 children under 12 years.

# Hospital and Dispensary at Taiwanfoo, Formosa, in connection with the Presbyterian Church of England.

During the absence of Dr. Anderson the work has been conducted by Dr. Lang, and he was able to do but eight months' work. The total of inpatients was 217, of out-patients 1,143, and of subsequent visits of out-patients 1,805. The number of in-patients has been less than in former years, because 80 cash (8d.) per day has been charged for food, for which three full meals have been given. Dr. Lang has been forced, however, to discontinue this plan and to allow patients to bring their own food and cook it for themselves in rooms set apart for that purpose. The total of subscriptions was \$798.72 of which the Taotai gave \$94.72 and Chinese merchants \$185.00. Evangelistic work has evidently been faithfully attended to, and much country work has been done. Every physician, no matter who, is usually greeted in the country as Ma I-seng, the name of Dr. Maxwell, "shewing that the name of the first medical missionary to Formosa is treasured by the people." Several instances are given of the value of medical work in opening the hearts of the people.

Under the head of "Medical Notes," Dr. Lang says :-

"The so-called typho-malarial fever, similar in type to that now attracting attention in other quarters, is not by any means of unfrequent occurrence in Taiwanfoo. At least three cases came under my notice in the course of the year, but the likelihood is that more cases would have been seen, had I been present in the city during the months of August and September. Vomiting and other signs of gastro-intestinal irritation were present in all three cases. In case No. 1, a distinct rose-coloured rash appeared on the abdomen and flexor surfaces of the arms. This case resulted in violent delirium and death. In case No. 2, a rapid impression was made by large and repeated doses of quinine. In case No. 3, the temperature continued to range between 100.6° and 104° F. for three weeks together. Quinine administered both by mouth and hypodermically had little effect. Convalescence was prolonged."

#### A CORRECTED LIST

OF THE

## HONORARY AND CORRESPONDING MEMBERS OF THE

#### MEDICAL MISSIONARY ASSOCIATION OF SHANGHAI.

#### HONORARY MEMBERS.

R. A. JAMIESON, M.A., M.D.

L. PICHON, D.M.P. NEIL McLEOD, M.D.

W. J. MILLES, F.R.C.S.

CAWAS LALCACA, M.D. W. BURNES THOMSON, F.R.C.S.E.

Prof. W. H. THOMSON, M.D., LL.D.

Dr. G. D. DOWKONTH,

Dr. LOCKHART (formerly in charge of the London Mission Hospital at Shanghai).

#### CORRESPONDING MEMBERS.

Rev. Dr. M. YATES.

.. WM. MUIRHEAD.

Rt. Rev. Bishop BOONE,

Rev. E. H. THOMSON.

" Dr. FARNHAM.

Rt, Rev. Bishop Moule.

The Ven. Archdeacon MOULE.

Rev. H. C. HODGES.

" J. HUDSON TAYLOR.

Dr. S. P. BARCHET,

" E. F. SWINNEY.

Rev. ALEX. WILLIAMSON, LL.D.

, D. H. DAVIS.

" C. F. REID.

" Dr. Y. J. ALLEN.

V. C. HART.

Rev. WM. S. LANGFORD, D.D., 22, Bible House, N. Y.

## ITEMS AND NOTES. <del>~~</del>~~~~

The Editors of The China Medical Mis- , sionary Journal are obliged to the many who have spoken and written kind words | Journal will be what they may help us to about our first number. It is not to be | make it. Our cordial thanks are due to the supposed that even the cordial friends of various contributors who have assisted us in the Journal approve of every line in it :- | now presenting the second number ; and we that were an impossibility; but we under- | venture to invite a still larger circle of constand them to commend the effort, and to | tributors to assist us in future numbers. be pleased with the general esult, We re-

mind our patrons and readers that, as we said in our first Editorial, the Medical Our cordial thanks are due to those who have so promptly subscribed to the China Medical Missionary Journal, and to the various officers who have in such a business-like method forwarded the money. We are happy to state that the financial success of the Journal for the current year, is an assured fact.

The death of Mrs. DOUTHWAITE, at Chefoo, on the 9th of May, calls for the warmest sympathy of all the numerous friends of Dr. DOUTHWAITE. She succumbed to an attack of pneumonia following a typhomalarial fever.

We see it announced in Nature that Dr. DUDGEON, of Peking, has published a work in Chinese on Anatomy, in six volumes, the whole expense of which has been borne by the Chinese Government. It is illustrated by six hundred plates cut on blocks by native artists. The title-page was written by one of the Chinese Ministers, and there are several prefaces by high officials. A companion work on Physiology is almost ready for the press,

One of our correspondents writes that, he "was about to give instances of 'Woman's Work,' where a woman killed a man by running a pitchfork into his bowels, and then jumping on it to send it clear through; and another killed a woman by beating her to death with a hoc-handle—but I have written enough!" We cannot quite agree with the last clause of this exciting paragraph!

We notice in our exchanges the fact that "Rev. S. B. MYLEB left New York recently as the first Faith-cure missionary to Africa." We, of course, know in what sense the word "Faith-cure" is here used, but it nevertheless seems to us a perversion of language, and a reflection on the multitudes of non-medical and medical missionaries who have gone out

to their work in the fullest exercises of Scriptural faith,

It is with regret that we note the illness of Dr. E. HORDER and his departure for Australia, seeking health—which is all the more disappointing as his hospital at Pakhoi, connected with the Church Missionary Society, had but recently been opened.

The Chamber of Commerce at Foochow has done the noble deed of subscribing \$1,790.65 for a "Woman's Ward" in the new Foochow Native Hospital. A Tablet bearing the following inscription will be placed in the Ward:

"THIS WARD WAS ERECTED BY the Foreign Community of Foochow, in Memory of ir HARRY S. PARKES, G.C.M.G., K.C.I

Sir Harry S. Parkes, G.C.M.G., K.C.B. Her Britannic Majesty's Minister in China,

to mark their respect for the service which, in a lifetime devoted to his Queen and Country, he rendered not only to Englishmen in China and Japan, but to the interests of all foreigners in the Far East.

"He died in Peking on the 22nd March 1885."

One of our correspondents makes the following valuable suggestion, which we pass on, hoping it will receive the attention it deserves:—

"For many years Reports of the various hospitals have been published. These Reports contain, no doubt, much that is valuable, and we would suggest that Physician charge of the older hospitals make a conclused statement of such matters on them so may be of permanent value, and place them on record in our Journal."

Another correspondent writes :-- "We want a complete list of the Publications of our

China Medical Missionaries in Chinese, to show what is being done for China medically; but others have aided that cause, so the subject ought to be stretched to include all—little enough at best. I would suggest this:

Medical Publications in Chinese's

I.—By Foreign Authors.

II.—By Native Authors.

"Following the subject of 'Publications in Chinese' would naturally come those in other languages on *Medical China*." We trust our friend will act on his own suggestion and send us such Lists, which may be supplemented by others.

The practice of medicine in China develops a singular medley of experiences, from the solemn and sad, to the grotesque and ludicrous. In one of the wards of a medical hospital not far away, several female patients were especially devout after their own manner, spending much time in saying prayers together. They were disturbed as little as possible in their devotions, but when the hour for taking the temperature of one of them arrived, the Chinese medical attendant, with an unexpected combination of piety and business punctuality, approached one of the circle who were on their knees, and quietly inserted a thermometer in her mouth. The patient, with piety and obedience equal to the occasion, simply remained in the attitude of prayer with the thermometer sticking out of her mouth, presumably joining in spirit with the prayers her companions were still uttering aloud. A rather unusual combination of praying and working!

We are happy to acknowledge as already on our list of Exchanges the Sci I Kwai Medical Journal of Tokio, the American Medical Journal of St. Louis, and the Medical Missionary Record of New York; and we doubt not that our list will be greatly enlarged with the incoming mails of the next few weeks. The Sei I Kwai gives our Association and this Journal a very kindly notice.

We would express our thanks to the various papers and journals published in China for the cordial welcome they have given to this our venture. The notice in the Foochow Daily Echo is one of the fullest and most cordial.

We can do little more than acknowledge Dr. B. VAN SOMEREN TAYLOE'S pamphlet on "The Training of Chinese Students in Medicine and Surgery by Medical Missionaries, in its Missionary Aspect." The subject of this brockure, and the many facts and opinions gathered in it, will, we trust, be amply discussed in future numbers of our Journal.

The Constitution and By-Laws of the Nankin Medical Society, organized September 4th, 1886, and of the Shanghai Medical Missionary Association, adopted October 30th, 1886, are both very neat little pamphlets, which ought to have been earlier acknowledged. We would be glad to record the organization of local Medical Associations in other parts of China.

It speaks well for the administrative care of our friends of the Margaret Williamson Hospital, Shanghai, that during the month of May they attended a few over 3,000 patients, and received in all for fees and board a little more than \$150,00.

Slight troubles still continue to be experienced by Rev. Dr. THOMSON at Yuen Kong, but nothing that yet affects his continued residence there. The people appreciate the medical privileges offered, though the native physicans are troubled. Dr. THOMSON has

had the satisfaction, however, of relieving a native physician of the region; which, one would think, would react favorably on the medical men generally.

Medical Missions at Home and Abroad is the monthly organ of the "Medical Missionary Association" in London, edited by JAMES L. MAXWELL, M.A., M.D., formerly of Amoy. We have already in this number overrun our usual limits, and so are deprived the pleasure of making extracts from the vigorous and interesting columns of this leading journal representing Medical Missions. It reproduces from the L. M. S. Chronicle Mr. GILMOUR'S medical efforts in Mongolia; and Rev. JOHN JAMISSON'S reports of Dr. MACKAY'S practice in North Formosa; there is also a paragraph from Dr. HOLBBOOK.

Mr. GEO. W. CLARK, in an interesting report to the Chinese Times, tells of a remarkable mode of practising inoculation by the Mongols in the regions of Kuei-hua Ch'eng, by blowing a powder compounded of Thibetan flowers, pearl dust, cuticle of the pox and resin up the right nostril for a boy, and the left for a girl. He is told that "within seven days after the operation the body is covered with pus pimples!"

We clip the following also from the Chinese Times of Tientsin:—

"Chinese medical practice is often absurd enough, but some of their old wives' remedies are as efficacious as they are simple. A cold in the head is rather beneath the notice of our doctors, but it causes a considerable amount of discomfort all the same. The Chinese remedy is very simple. Any Chinese servant can obtain some peppermint leaves, and an infusion of these drunk before going to bed generally effects a speedy cure. For headaches, small diese of fresh radish peel applied to the temples afford great relief."

As an indication of the increasing confidence of the people of Canton in Western practice, in a department in which they are very helpless in cases of emergency, Miss 9-Nilles has been called in ten days to ten obstetrical cases.

Mary W. Niles M.D.

The Medical Missionary Record of New York has, in recent numbers, portraits of Dr. ATTERBURY, of Peking, and of the late Dr. OSGOOD, of Foochow, with appreciative notices of each.

Our Notes and Queries for this month are crowded out; but they will keep!

OMISSIONS.—The following names should have been given in our List of Medical Missionaries in our last number:—L.C. STEWART, M.D., of China Inland Mission, Taiyuen Fu, 1886; W. B. SCRANTON, M.D., of M. E. Mission, Seoul, 1886; Miss ELLERS, M.D., Presbyterian Mission, Seoul, 1886; and AHMED FAHMY, M.B.C.M., London Mission, Amoy, 1887; Dr. DRIESBACK SMITH, Am. Presbyterian Mission, Seoul, 1887.

CORRECTIONS.-In the List of Missionaries, Dr. WESTWATER should have been reported as at Newchwang; and Dr. Christie at Mookden,

#### ARRIVALS.

At Hongkong, March 28th, Mr. AHMED FAHMY, M.B.C.M., and wife, for London Mission, Amoy.

#### DEPARTURES.

From Shanghai, May 21st, Dr. W. H. BOONE and family, for New York,

## The China

# Medical Missionary Journal.

#### EDITED BY

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J.	u.	LEKK.	M.D.,	Canton.

J. K. McKENZIE, M.R.C.S., L.R.C.P., Tientsin.

E. REIFSNYDER, M.D., Shanghai.

REV. L. H. GULICK, M.D., Business Manager, Shanghai.

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1887.

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#### NOTICES.

The Subscription Price for *The China Medical Missionary Journal* is Two Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Gulick, M.D., Shanghai, while Articles intended for *The China Medical Missionary Journal* may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.



DR. ALEXANDER PEARSON,

Senior Surgeon of the Hon. East India Company at Canton,

[From a Steel Engraving of the Original Painting by CHINNERY.]

# China Medical Missionary Journal.

Vol. I.

#### SEPTEMBER 1887.

No. 3.

# CHINA'S FIRST FOREIGN MEDICAL BENEFACTOR DR. ALEXANDER PEARSONS,

Senior Surgeon of the Honourable East India Company at Canton.

THE ART OF VACCINATION WAS introduced into China by Dr. ALEXANDER PEARSON, Senior Surgeon of the Hon. East India Co., at Canton, in the year 1805—the first event in the introduction of Western Medical Science into that great Empire.

In the same year he wrote a treatise on the theory and art of Vaccination, which was translated into Chinese by Sir George Staunton and published at Canton. "In it, beside giving directions for the use and preservation of the virus, he stated the discovery to have been English (Jenner, 1797); but an edition was very soon after published in which not one word was retained as to its origin, nor any trace by which it could be known that the discovery of Vaccination was other than Chinese."—Davis.

In 1806, among several Chinese instructed in the art was Yau Ho-снти—otherwise called "A Hrqua" and "Dr. Longhead," from the extraordinary length of his head—formerly purveyor to the E. I. Co., remarkably qualified for the practice by his cast of judgment, method, and perseverance. He became Dr. Pearson's principal assistant and the chief disseminator of Vaccination. Encouraged by his countrymen, he also had marks of distinction conferred upon him by the higher functionaries of the local government, and, under the especial patronage of the senior hong-merchant Howqua, he long continued the practice (every eighth day), as well after the departure of Dr. Pearson, in the old "Consoo House" (学行會體) or public hall of the hong-merchants, in 13, Hong St., Canton. A Hrqua was at one time sent to Peking to there introduce the art, and he has stated that "during a practice of thirty years he vaccinated upwards of a million persons."

"The foreign art of vaccination was communicated by Yau Ho-chun, of Nam-hai district, to his oldest son Cheung. In regard to vaccination, it came from the West. In the 10th year of the Emperor Ka Hing (1806) my honored father, Ho-chun, first obtained and disseminated it everywhere. Verily it is an advantage that they may escape the heaven's flowery pestilence (small-pox). Wherever there are other establishments for vaccination they all originated from my honored father's hand."—From Yau Yam-teng's "History of Vaccination" (Kerr's Canton Hospital Report, 1860).

"In the 19th year of KA Hing (1815), after consultation, application was made to the hong-merchants to establish a vaccine dispensary for the purpose of transmitting the virus that it might never be lost." \* \* "In the 22nd year of KA Hing (1818) my honored father commanded me to devote myself exclusively to this art, in the dispensary."—From Yau Yam-teng's "History of Vaccination."

On February 18, 1816, Dr. Pearson submitted his first Report to the Board of the National Vaccine Establishment, "respecting the introduction of the practice of vaccine inoculation into China, A.D. 1805, its progress since that period, and its actual state."

In 1818 a treatise of 100 pages on Vaccination was published by Yau Ho-chun, Dr. Pearson's chief assistant. Three other volumes were added, consisting of odes in praise of Vaccination, composed by those appreciative of its benefits; one was by H. E. Yuen Yuen, the distinguished Governor General of the Two Kwang Provinces from 1817-26, whose literary talents were said to have been of the highest order, and afterwards Principal Chinese Member of the Imperial Cabinet and 2nd Minister of State—(his wife a descendant of Confucius). A copy of the ode in large characters, suspended in Mr. Yau's Canton office, begins,—"The poison of opium has been brought to China, and although the most stringent means are used to prevent it, they do not succeed. But this foreign art of vaccination may be carried into all the Provinces, and it will only prolong life."

In 1820 the Report of the Board of the National Vaccine Establishment was translated into Chinese through the agency of Dr. Pearson.

1821.—On March 19th, Dr. Pearson's second Report on Vaccination in China was issued. Later, two further Reports were issued showing its firm establishment in Kwangtung, and extension to other Provinces as far as Peking.

1832.—With untiring zeal through many years Dr. Pearson continued to superintend the practice among the natives whom he had instructed, and to urge this boon upon the "largest associated population in the world," so that before he left China in the autumn of 1832 he had the satisfaction of knowing that the practice was "not only well established at Canton, but that it had spread to nearly all the provinces of the Empire." \* \* "Few, if any, individuals who

have ever left this country, are more worthy to be remembered by the Chinese than Dr. Alexander Pearson. He carries with him the high esteem and regard of all who knew him, and may justly cherish the recollection of having benefited thousands who can never enjoy his acquaintance."—Bridgman.

"The name of Pearson will ever stand on the records of our profession scarcely less honorable than that of Jenner, a bright example to allure others to like labors of benevolence and charity."—Kerr.

In 1833 the practice of vaccination was very extensive in Canton, as the small-pox was unusually prevalent.

1847.—"In the 27th year of TAN Kwong (1847) I was indebted to PWANTINGUA, a mandarin holding the rank of Treasurer, for an invitation to go to the Imperial City, at his cost, for the purpose of disseminating vaccination. Fortunately it has spread over all the Provinces like echo answering to sound."— Yan's "History of Vaccination."

1850.—"In the first year of HIEN FUNG (1850) my honored father (A HEQUA) departed this life. When he was near death, with many earnest charges he committed to me the art of Vaccination, saying, 'You, my eldest son, have received my instructions for more than thirty years; hereafter it devolves upon you to disseminate abroad this benevolent art, and never permit it to be lost.' I did not dare to disregard the command of my departed father."

1852.—"In the 2nd year of Hien Fung (1852), by the favor of the old hong-merchants Howqua, Pwantinqua and others, the vaccine dispensary was re-established, and they invited me to superintend the business. Now the virus which I use is derived directly from that brought by the hong-merchants, and before it is used a man skilled in detecting leprosy examines the child, and thus all danger is avoided. Those who wish to request me to vaccinate will please come to my house in the West end of 12th Street. It is necessary to inquire carefully for the right place to avoid deception, because of late my name has been basely counterfeited. So will my most ardent desires be fulfilled."—Yau Yamteng's "Vaccination Circular."

Now, as then, the art is carried on in 12th Street, Canton, but the grandson handles the lancet by natural transmission à la chinoise. His mode is to make four or five transverse incisions in the arm, half an inch long, with the lancet, and then dipping it in the mature vesicle, the lymph is transferred directly from one arm to the other. During the summer and winter months a sufficient number are hired to submit to vaccination to keep up a supply of the virus. Many now devote themselves exclusively to the practice, and some have made fortunes, while those who first engaged in it have obtained an enviable fame among their countrymen as benefactors of the race. In Mr. Yau's office hangs the steel engraving of Dr. Prarson, given by him to his first assistant, and handed

down through son to grandson. This is the only one known to exist hereabouts, and from it was taken the photograph presented.

In 1855 was published a "Treatise on the New English Method of Vaccination" in Chinese, a modification of Dr. Pearson's tract, published in 1805, by Dr. Wm. Lobscheid at Hongkong.

In 1859 a "Tract on Vaccination" in Chinese was published at Canton by Dr. Kerr, who has done much to promote the art in various ways through many years at the Canton Hospital.

As yet no Chinese Anti-Vaccination Society has been discovered, though charlatans abound, and if needs be supply the demand with the virus from small-pox patients or condensed milk.

Dr. Pearson's Report being so inaccessible we append it almost entire :-

"Report, submitted to the Board of the National Vaccine Establishment, respecting the Introduction of the Practice of Vaccine Inoculation into China, A.D. 1805, its Progress since that period, and its Actual State.

Dated Canton, February 18th, 1816.

"It having devolved upon me to conduct or superintend the introduction and practice of vaccine inoculation in this part of the world, during the last eleven years, I beg leave to submit to the Board of the National Vaccine Establishment the following Report of its commencement, progress, and present state. \* \* Almost from the period at which rational proof was afforded of the efficiency of Vaccination for its end, the Hon. East India Co. had, in their own territories, promoted the practice by every aid and countenance in their power to afford, and especially so by a munificence of expense for the end which few governments have incurred in behalf of their subjects, in mitigation of mere personal and domestic evils and sufferings, however great and general they might be. Their relations with this Empire being merely commercial, and its institutions so peculiar, no construction of duty called for, nor did their influence admit of, such effectual interference. Notwithstanding, they have all along sanctioned the end, in consequence of which many attempts were made to introduce the practice from British India, but unsuccessfully.

"In the spring of 1805, and whilst James Drummond, Esq., was at the head of their affairs in this country, the vaccine was brought by Mr. Hewir, a Portuguese subject, and a merchant of Macao, in his vessel, upon live subjects from Manila,—His Catholic Majesty having had it conveyed by suitable means and under the care of professional men across the South American continent to his Settlement in the Phillippine islands. I observe that one of them (D. F. X. Balmis) states himself to have introduced the practice in this country; but before his arrival in China it had been quite extensively conducted by the Portuguese practitioners at Macao, as well as by myself among the inhabitants there and the Chinese, and the accompanying tract, drawn up by me, had been

translated by Sir Geo. Staunton into Chinese and published several months previous to his arrival. As I deemed the inoculation among subjects connected with the foreign society, or with the Settlement of Macao, nugatory towards an establishment of the practice in China, it was from the beginning conducted, first at some expense, by inoculations at stated periods among the natives, and of them necessarily the poorest classes, who dwelt crowded together in boats or otherwise, so that (the small-pox being invariably an annual epidemic in this province) its efficacy soon came to the test. By the time the British Factory removed from Macao to Canton in that season a degree of confidence had been established in its favour, and in the course of the winter and spring months of 1805-6 and during the raging of the small-pox (of which the annual period of attack is in February and of its decline early in June) the numbers brought for inoculation were great. At that time it was considered judicious to endeavor to give the practice extension by vaccinating as many as possible, not fully aware of the characteristic apathy of the Chinese to what does not immediately appeal to their observation through the exigency either of their sufferings or interests, and erroneously thinking that such a benefit to be appreciated required but to be known. Very many (I believe I may state thousands) were in the course of twelve months inoculated, and even under the circumstances stated, and in that early stage of the pursuit, I heard no imputation laid against the success of the practice, which admitted of being traced,-an instance of good fortune the less to have been expected because, in order to fulfil the views I had taken of the most proper means for its dissemination, I had instructed several Chinese in the details of it, after the best manner I could, and they practised it extensively as well at a distance from, as under my inspection. When the small-pox ceased to be epidemic, the evil and the remedy against it were equally forgotten, and I found great difficulty in procuring a sufficient number of subjects by means of which merely to preserve the vaccine. In fact, since its first introduction into China, it has been twice extinct, and in both instances again brought from the island of Luconia. At two other times, when lost at Macao and Canton (at which places only I had it in my power to exert any care respecting it), it has been found to have been kept up in country districts at a considerable distance from either but still within the province of Canton. \* \* It certainly has spread greatly here from among the lower classes of society, so as to have become general among the middling rank, and to be frequently resorted to by those of the higher conditions. The class of Chinese who are now the vaccinators are generally taken from those who are or have been employed about the British factory. From their medical men, especially those who devote themselves peculiarly to the treatment of small-pox, it at first met with strenuous opposition, and it still meets with little acceptation. Alarms of failure have been occasionally spread, and although the difficulty of tracing such when stated is a great incidental drawback, I have had occasion to see

variola measles, pemphigus and cutaneous eruptions, which had been supposed to arise from variolous infection in persons previously vaccinated. Yet upon the whole the confidence in its efficacy, though gradually conceded, has become full, grounded upon ample and annual evidence before adverted to, with fewer obstacles from prejudice than could be anticipated, especially in a Chinese community. \* \* Some of the principal members of the Chinese commercial corporation, in whom is vested the exclusive privilege of conducting the foreign trade, have established a fund for affording gratuitous inoculation to the poor at all times, especially framed, and judiciously so, to allot small premiums to those who bring forward their children at that objectionable period (the hot season-to preserve the supply of vaccine). The practice is conducted at their hall for meetings, by the Chinese vaccinator whom I have before mentioned; and from 15 to 40 (when the number of applicants requires limitation) are, at that place, inoculated every ninth day. I am now released from the laborious and here peculiarly irksome task of personally conducting the vaccination, my care being limited to inspection of the pustules from which the lymph is taken, and that for form only, in consequence of malicious rumors having been circulated of the Chinese vaccinators not having been circumspect in the choice of the matter they used.

"As far as the medical servants of the East India Co. in China are concerned, the practice has always, and to all descriptions of persons been gratuitously dispensed. But it is no way unfavourable, either to the chances of dissemination or preservation of the practice, that it has become a source both of reputation and emolument to the Chinese who have engaged in it and who conduct it extensively throughout the city of Canton and country around, as well at the station specified. \* I am unable to form to myself any probable estimate of the number of persons who have been benefited by vaccination in the districts of and around Canton and Macao, but in the period I have specified it must have been very great, so much as to render a connection between the greater mildness of the small-pox when epidemic and the dissemination of the practice, not impossible. The mode in which the practice has been conducted corresponds to that deemed most proper in Europe; the difficulty of again seeing the patients or testing them rendering it necessary to guard against the chance of failure by an increased number of insertions, generally four."

The next Report, dated March 19th, 1821, was suggested by documents from the Board, and the European accounts and publications about that period narrating occurrences, and numerous ones, of attacks of a secondary, though modified small-pox, after vaccination, which became a source of considerable solicitude, with a corresponding desire to ascertain if, and how far we had proved instruments of spreading delusions instead of a benefit. After stating that the practice of vaccination had been uninterruptedly continued, and was receiving a steady and

great extension with increasing confidence in its efficacy; it was added, that the circumstances which in England had shaken the public confidence as to the practice, had been communicated to the Chinese inoculators (the Board's Report of the preceding year was translated into Chinese for them), and that it was endeavored to see or learn the details of every case of rumored failure. The result proved satisfactory, although in the preceding and that season, the smallpox had prevailed in an unusual degree of severity, and attended with mortality. Two descriptions of cases were traced, one in which the supposed vaccination had been with spurious matter, or otherwise imperfectly or unskillfully conducted: the other, when a modified small-pox had actually ensued after inoculations which had been made and which had proceeded regularly. Of the first description, though numerous, none presented themselves who had been vaccinated under inspection or at the Canton institution; of the second, the number was few but too many to allow of any doubt as to the occurrence. In such cases, with from 50 to 200 eruptions, the fever was slight; it went off when the eruption appeared, and that dessicated about the 5th day, leaving no marks, answering closely to the real phenomena of the chicken-pox, with which the Chinese are familiar, as occurring after small-pox, or variolous inoculation practised in their mode, and their general reliance on the security from the practice has not been shaken by this knowledge more than it was by our statements.

Written queries were furnished to the Chinese vaccinators, to be put and answers obtained, in case of reported failure; and inspection was to be observed and enjoyed wherever that was possible, as well as strict attention paid to the rule of inoculating with at least four insertions, leaving two pustules to dry untouched wherever it was possible to do so.

It had then extended to the adjoining province of Keängse, but again dropped there, having been met by the hostility of the priesthood, who in that province had a double interest in the preservation of the small-pox by being much employed in the inoculation after the Chinese method, and in ministrations with their deities to avert or mitigate the scourge. The breaking out of the scarlet fever afforded plausible ground of crimination against a practice which was said to retain the poison in the system, to appear at a future time in still worse shapes.

In the autumn of 1820, Mons. Despiana, French Surgeon in the service of the King of Cochin-china, arrived, bringing a letter from Mons. Vannier, then acting as Minister to that sovereign, requesting furtherance to his mission, which was to convey the vaccine to Cochin-china, for which place he departed in February 1821, having succeeded in his object.

Two reports have been made since that of March 19th, 1821, copies of which have not been preserved. It may be stated as a summary of their purport, that the practice has in the interval acquired great stability and extension among the Chinese of Canton province of every condition; that it is known to have been

conveyed again to Keängse, as well as to Keäng-nan and Fuhkeën provinces; that it reached Peking, but unfortunately was again lost there; that its anti-variolous efficacy is universally known and confided in; and that its preservation during the period specified has greatly and almost exclusively resulted from the well adapted system pursued at the Institution, and the agency of the Chinese vaccinators, the principal of whom, A-HE-QUA (who has been engaged in the practice since 1806), is a man remarkably qualified for the business by his cast of judgment, method and perseverance. He has been encouraged in his laudable exertions by the favorable opinion of his countrymen, and by marks of distinction or consideration which have been conferred upon him by the higher functionaries of the local government. The reports in question also contained a summary of what evidence had presented itself that the practice of vaccination fails occasionally, however unfrequently, in affording a perfect security against the occurrence of variolous disease, though still modified and mitigated in character by the previous experiment .- A. P., China Repos., II. 35-41., December 26th, 1832.

## "VICEROY'S" HOSPITAL MEDICAL SCHOOL.

By J. Kenneth Mackenzie, M.R.C.S., L.R.C.P.

In the Article on Medical Education in China, occurring in the 19th July issue of the North China Daily News, it was stated that His Excellency Li Hung Chang, having become convinced of the value of Western medical knowledge, "Endeavoured, by sending students to be educated at home, to provide a supply of competent medical men for the naval and military services."

This statement is quite inaccurate, as to my personal knowledge His Excellency Li Hung Chang has never sent students either to Europe or America to receive a medical education. Inasmuch, however, as the subject of the Viceroy's interest in medical education has been thus publicly brought forward and misstatements have been made, it may not be out of place for me to put on record what really has been done in the way of medical education under the patronage and with the support of the Viceroy.

In the year 1881 the students sent to America in connection with the Chinese Educational Commission were summarily recalled for reasons it is not necessary here to enter into. These young men had been resident in the United States for from 7 to 10 years, living in American homes and occupied in acquiring a general English education.

H. E. Li Hung Chang had already shown his interest in Western Medicine by engaging foreign doctors for his own family, and by personally opening and becoming the patron of a hospital in Tientsin, called the "Viceroy's Hospital," for the treatment of Chinese subjects upon foreign methods and by foreign surgeons.

The return of the band of students from America was thought to be an opportune time to make a further advance in the interests of Western Medicine. With the kind co-operation of Mr. W. N. Peteick, of the United States Consulate. a Memorial upon the subject was drawn up and presented to the Viceroy. In it was set forth the desirability of providing trained surgeons for the army and navy, especially in view of the increase in the number of the foreign-built ships of war forming the North China Squadron. It was pointed out, that every other nationality sending ships of war to the Chinese ports invariably included amongst the officers a trained surgeon, and it was suggested that His Excellency should take steps to provide similar officers. Of course it is beyond question that until the Chinese Government are prepared to establish a fully equipped medical college, with a complete staff of teachers, it would be better policy for them to send a batch of students to some European or American medical school for training. But it was evident in 1881 that even our enlightened Viceroy was not prepared for such a step as this, and we therefore proposed a scheme likely to be sanctioned rather than one that would inevitably have been shelved. In the Memorial referred to, the present writer offered to undertake the medical training of eight students for a period of three years, adopting the length of the American curriculum, should the Viceroy be willing to place them entirely under his charge. proposal met with a favourable reply, and our small Medical School was inaugurated on the 15th December 1881, under the Chinese title of 醫學館 (I hsüeh kwan).

The students brought up in cultured American homes and schools had all received a good English education and were trained to study. We adopted the following as Class Books :- GRAY'S Anatomy, KIRKE'S Physiology, BUCKMASTER'S Inorganic Chemistry, Garrod's Materia Medica, Bryant's Surgery, Ringer's Therapeutics, and ROBERTS' Medicine; and in addition they were taken through LENIEL BEALE'S Slight Ailments and Fothergill's Handbook of Treatment, with selections from Lawson's Diseases of the Eye, TILBURY Fox's Skin Diseases, Guy's Forensic Medicine and LLOYD ROBERTS' Midwifery. For teaching Anatomy and Physiology our Armamentarium consists of Articulated and Disarticulated Skeletons, FORD & ELLIS' Anatomical Plates, WITKOWSKI'S and other Atlases; a full-sized papier maché model of the male subject, the muscles of one half of the body all being removeable and showing the vessels and nerves in situ (this beautiful model costing £150 sterling in Paris); a full-sized female model, with all the organs removeable; separate models of the heart, female pelvis, brain and eye, enlarged and in sections, also a large assortment of microscopic slides showing the various tissues of the body. Unfortunately it is impossible at this stage of progress in China to obtain subjects for dissection, but with the help of occasional post-mortem examinations, and the study of these extremely accurate models, a very satisfactory knowledge of Anatomy can be obtained.

For medical and surgical training we have the out-patient department and wards of the Viceroy's Hospital, which last year had a daily average of 42 in-patients.

The teaching is conducted much as general school-work is done at home. Each pupil having his own class books, prepares a given amount, and is examined in it daily while his instructor explains and illustrates the text. For the first set of students the teaching was mainly in the hands of the writer of this paper, though for a period of eight months Dr. ATTERBURY, of Peking, had the entire charge and instruction of them, he having in the most generous way given his services in a time of great need. And, well-nigh without an exception, most of the medical officers belonging to the American and English navies resident in this port during the winter months, have rendered valuable help in the training of the pupils. Examinations have been held three times a year in the presence of H. E. the Customs' Taotai and an English speaking official appointed by the Viceroy, and conducted by independent medical men, both orally and by written papers. For the examinations, especially the important ones constituting the "Primary" and "Pass"—the former held at the completion of 18 months of almost continuous study, and the latter at the end of the curriculum-the School has been indebted to Drs. Frazer & IRWIN, whose ready sympathy and kindly help on so many occasions I cannot too gratefully acknowledge. These gentlemen, together with the naval officers above mentioned, and any medical missionaries staying for the time being in Tientsin, have constituted the board of examiners. I have before me one of the certificates given at the primary examination of the first class; it is signed by-

> Andrew Irwin, Customs' Medical Officer, Tientsin, Arthur G. Cabell, P. A. Surgeon, U. S. Nary, Thomas Edward Henry Williams, Surgeon, Royal Nary,

as Examiners, and by

JOHN KENNETH MACKENZIE, Medical Officer, Viceroy's Hospital, as Tutor.

Out of the eight students forming the class at the commencement, one left and entered upon a business career, a second was transferred to the navy in another capacity, but the six remaining succeeded in passing through their full course to the satisfaction of their examiners, and at its close received diplomas in Chinese and English, signed by the examiners and stamped with the Government seal. The Viceroy graciously obtained for them civil in place of military rank.

The head student was enrolled in the 9th degree and had conferred upon him a crystal button and honorary 5th rank (civil), while the remaining five were also placed in the 9th degree and were given white buttons and honorary 6th rank (civil). In a land like China this matter is one of no small moment, affecting so materially the social position of the recipient.

But one who is at all acquainted with Chinese officialdom will readily understand that with the completion of the school career and the launching forth upon the sea of active life, the real difficulties of a new and as yet untried scheme began to present themselves. We need no experiments to show us that the Chinese youth are capable of acquiring a scientific education; what we do want is some evidence that the powers that be will appreciate it when obtained.

Let me give a short sketch of the career of these surgeons since they obtained their diplomas in 1885; it will best illustrate the nature of the obstacles to be met with.

The head of the class was permanently appointed to the School and Hospital, and renders valuable assistance both in the instruction of students and the treatment of patients. A second was also for a time attached to the Medical School, but he now holds the position of Medical Officer to the new Military College in Tientsin, where he has the medical oversight of some 200 students. This is a good appointment but is unfortunately underpaid. A third was placed at the service of General Chow, who has the command of a body of troops, said to number 15,000, encamped some 20 miles from Tientsin. Soon after he had joined the General's staff an interesting though curious, and possibly unique experience awaited him. At the central camp, where the General's head-quarters were located, there resided a native doctor who professed to treat upon foreign principles, but his practice fell sadly short of his profession, indeed it was of the most elementary kind, consisting in the administration of a few simple drugs backed up by much skill in rhetoric. He had the faculty of adapting his medicines to the theoretic notions of his patients, which is in China a great gift.

The question arose, should the newly-arrived man be retained at head-quarters and the old occupant of the post be removed to another camp, or should the newcomer be placed elsewhere. A brilliant idea originated in the mind of the great man. He himself, aided by the other red-buttoned generals under his command, would sit as a sort of court of inquiry and investigate into the respective abilities of each. The order went forth, and on a fixed day, under a canvas pavilion erected for the occasion, the generals and colonels, attended by their respective staffs—and even a colonel requires a staff in China—assembled in full paraphernalia, and seated themselves in order of precedence. The two unfortunate medicos were then called in, and before this august assembly and in presence of each other underwent an examination, the court putting the questions and deciding the verdict. Each candidate for the favour of the Court was expected to show

all he knew, but considering that one of the parties was an astute man of the world of 50 odd summers, equally conversant with Chinese etiquette and with Chinese ideas of anatomy and disease, while the other had not long entered upon man's estate, whose knowledge of human nature was drawn from the standpoint of the American youth of the 19th century, while his anatomical and medical learning, though agreeing with that of the Western Schools, differed in toto from the innate knowledge held by his examiners, the result may readily be imagined. The elder was adjudged the victor and was retained at his post, while the younger was placed at a small cavalry camp some distance away. The examiners, scarce one of whom could read or write, as became men who have to wield the sword rather than the pen, returned to their quarters satisfied, no doubt, that they had upheld the dignity of their country. This surgeon is, however, comfortably situated, having better allowances than any of his fellow students, and complaining chiefly that he has too little to do.

A fourth entered the navy, and is now surgeon on board one of the cruisers; but he is greatly dissatisfied with his position. He sees the executive officers and engineers, many of them his old comrades in America, promoted in rank and and pay, while he remains stationary with no prospect of his position improving unless a war breaks out.

When they leave the Hospital each successful student is provided with a good set of surgical instruments and a supply of drugs sufficient to start him with.

The fifth was appointed to a camp in the northern part of the coast. While his drugs lasted he was very popular. He opened a dispensary and had numerous patients daily, but when in course of time his stock began to diminish, and he applied to the General under whose charge he was placed for a fresh supply, his difficulties commenced. He was urged to write and get more drugs from his old Hospital, and every imaginable excuse was invented, but no money was forthcoming for supplies. Then it was alleged that Chinese doctoring was cheaper than foreign, and it was discovered that a relative of the General's was a native doctor in the camp. By and by his original stock gave out, and his dispensary had to be closed. For several months he was idle. He appealed to me for help and I did what I could for him. Finally his relations with his commanding officer became so strained that he begged to be removed to another position, and his request being granted, he was transferred to the navv. Here again he found that things did not run smoothly, so some months ago he sought and obtained leave of absence, from which he has not returned. I heard later that he had received through the help of friends the position of interpreter to one of China's Consulates abroad.

The sixth was likewise attached to the navy, but after serving for some 18 months, he too retired upon plea of leave of absence, and obtained a more congenial situation ashore.

Thus, two out of the six who completed their course have for the time being abandoned their profession; yet, I believe that in both cases they would prefer, under more favourable circumstances, to continue the practice of medicine. But they have to contend against many real difficulties. In the first place the pay is too meagre; it averages about Tls. 30 a month, and such men find they can command larger salaries in comfortable business positions on land. Then, again, trouble commences whenever they have to draw allowances for drugs, etc., from their commanding officer. A Chinese doctor's services can be obtained for about Tls. 7 a month, while the patient pays for his own medicines, thus relieving the mandarin of the obligation of disbursing these payments.

In the navy especially the raison d'être of the surgeon's presence is hardly yet recognized. The crew of a ship of war is presumably composed of ablebodied men, so that in times of peace the post of surgeon on board, even in Western navies, is not a very arduous one; but he is there in readiness for the exigencies of war. Now the average Chinese captain fails to grasp this idea. He sees the surgeon drawing his pay and having perhaps an easy time of it, and he cannot possibly see the necessity of his presence. It is too far for him to look ahead and contemplate the value of the help to be given by trained men in times of warfare. Viewing the medical man therefore somewhat in the light of a useless loafer, is it to be wondered at that the latter's position on board becomes far from enviable, and ceasing to esteem it an honour to serve king and country, he takes the first favourable opportunity of retiring from the Service.

Things will not work smoothly and satisfaction prevail until the Government establishes a distinct department for its medical officers, allowing them to draw supplies from central depots, and arranging a fair scale of salaries and promotions, which will give stability to the service and a career to the men.

Second Class.—In 1883 a second class, consisting of four students, was added to the School. They had undergone training as teachers of English at the Normal School, Hongkong, and through the courteous assistance of Mr. WRIGHT, head master of the Central School, they were permitted by the Hongkong Government to leave, and take up medical study. This class has turned out most satisfactorily in every way. The students applied themselves with great energy to their studies, and passed their examinations in a very creditable fashion; after enjoying a few months' holiday at home they are now back in Tientsin awaiting their appointments.

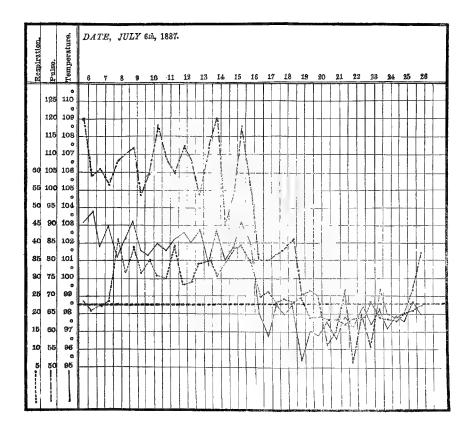
Third Class.—Under the stress of difficulties with France, and the possibility of war coming into North China, His Excellency determined upon the addition of a larger number of students to the School, and again with the kind help of Mr. Wright twelve young men were obtained from the Hongkong Central School, and entered the Medical School in October 1884.

Taking advantage of this renewed interest, I memorialized the Viceroy, requesting him to engage a medical man from England, who should come out prepared to give his full strength to the work of medical education. My object in making this proposal was to ensure that the School should have a better chance of growing into a thoroughly satisfactory Institution, with in time a staff of teachers and a large number of pupils. Besides, as a medical missionary, I thought I was in danger of being drawn too deeply into purely educational work, and while I could not forbear taking the various steps which have been narrated above, in the belief that I was thereby advancing, in the best way in my power, the interest of Missions, I yet wished to be freed from the heavy burden entailed, or at least to share with others the growing responsibility. However, the Viceroy was not prepared for this forward step. He permitted me to retain the services of a trained teacher from home, and so establishing the School upon a thoroughly satisfactory basis.

About this time, with the consent and kind assistance of His Excellency, I was enabled to arrange a small Ambulance Service for seven surgeons, with a very complete supply of everything necessary, should war come into this quarter. Happily it was not required.

With the arrival of the third batch of students it became evident that the number of young men with a sufficient command of English and willing to study medicine, was limited. Fully one half of this class of twelve were not sufficiently advanced for the study of medicine in English; two of them were for this reason transferred to the Telegraph School, and a third returned home. There are now nine remaining engaged in a more prolonged course of study than their predecessors needed.

London Mission, Tientsin, August 17th, 1887.



#### CASE OF ERYSIPELAS OF FACE AND NECK.

(With Chart.)

By W. K. AITKEN, -Surgeon C.M.S.S. Co.

During the early part of summer the atmosphere is particularly dry, days warm and nights cool or even cold. A number of coolies sleep outside on the ground without any covering beyond their ordinary clothing, and not unfrequently suffer from an attack of fever, rheumatism, bronchitis, or erysipelas. Several cases of this latter disease have come under my observation this year, the general details of which are all very similar to each other, only varying in degrees of severity. The following is a typical case, only rather more protracted than usual.

W. C. F., aged 27, contractor's coolie, came to the Dispensary on the morning of July 3rd, complaining of dull, frontal headache, vomiting, and nausea; mouth dry and tongue coated with thick brown fur, and marked with the teeth; Pulse 125, Temp. in the Axilla 103°.8 F. Gave a Purgative and Quinine gr. x. Requested patient to come into the hospital, which he refused.

July 4th.—All the symptoms increased. Intense thirst, Pulse 135, Temp. 104°.6 F. Ordered Quinine gr. x, Tinct. Digitalis m. xxx, Mouth-wash of Potas. Chlor. gr. x to the ounce. Still refused to become in-door patient.

5th.—Much worse. Eyelids swollen and painful, pain at angles of jaw, and enlargement of lymphatic glands, stiffness about sides of nose. Erysipelas was diagnosed. Temp. 105° F., Pulse 125. Tinct. Ferri Perchlor. m. xxx. Again refused to remain in hospital.

6th.—Came requesting to be admitted as an in-door patient. His wish was at once complied with. Eyes almost closed, Nose had the appearance of being bruised, Ears and Neck swollen and tender to touch, Pulse 120, Temp. 103°, 2 F. Tinct. Ferri Perchlor. m. xxx every 4 hours, to relieve thirst Potas. Chlor. gr. x—1 oz. In the evening low muttering delirium set in. Diet: Rice ground into flour and cooked with condensed milk, it being quite impossible to obtain fresh milk.

7th.—Swelling much increased, Eyelids of peculiar shining appearance, due to the tension of Skin, Lips also swellen, and face presents a hideous expression. Lies in a somnolent state; occasional delirium; can be roused to take food.

8th.—Features cannot be recognized, owing to the swollen state of Face and Neck. Redness greatly increased and sharply defined. Deeply comatose, taking no interest in surroundings; when roused will take medicine or nourishment.

11th.—Redness becoming more diffuse, especially round the edges.

13th.—Marked reduction in redness and swelling; small blebs exuding a serous fluid,

14th.—Swelling still more reduced. Redness very faint and diffuses. A hard swelling in the submaxillary region painted with Iodine. Can be roused much easier and takes nourishment readily; does not at once lapse into comatose state.

16th.—Hardness in submaxillary region more defined. Complete return to consciousness; answers questions and has no recollection of past week.

17th.—Ordered Syr. Eastonii m. x three times a day as a tonic.

19th.—Abscess in submaxillary region opened; about four ounces of pus evacuated, and dressed with Corrosive Sublimate. Small abscess in eyelids also opened.

Remarks.—A few years ago a great deal was written about the treatment of Erysipelas, and Iodine was brought forward as an infallible remedy. I quite admit that it has been proved to be of great value, but it has also very great drawbacks, and particularly in Erysipelas of Face and Neck, viz., Acute Meningitis. Several cases of meningitis have followed the use of Iodine in Erysipelas of Face and Neck, and one case occurred a few years ago, of which I was a witness, treated with external application of Iodine. The Erysipelas was cured with marvellous rapidity, but the patient died in a few days of Meningitis. I certainly think that we are not warranted in running needless risks unless as a last resource, when all other treatment has failed, which will be very seldom when one has such a sheet-anchor as Tinct. Ferri Perchlor. In the present case Iodine was used on the 14th inst., ten days after the development of the disease and when it was beginning to subside, and the chance of Metastasis considerably lessened.

During convalescence very low temperatures were recorded,—95°.4 F. on the morning of the 19th inst., and a pulsation on the 22nd of 52 beats per minute. The observations were taken at 8 o'clock a.m. and p.m.

Kaiping.

#### EXCISION OF UPPER JAW.

By J. G. KERE, M.D.

THE occasion for this operation is not sufficiently frequent to give many surgeons a very large experience. The notes of three cases occurring recently in the Medical Missionary Society's Hospital are given as possibly having something of interest for the younger men who are engaged in hospitals for the Chinese.

Case 1.—The patient was a native of Pwan-Yü District, a teacher by occupation, and had a growth in the alveolar process of the right side for about a year, when he was admitted nine months ago for treatment. The tumor was about as large as a moderate sized orange, and as it seemed to be confined to the alveolar process, it was thought that it could be removed without excising the jaw. This was done as was supposed thoroughly and the bone scraped, but it proved insufficient, for the disease returned in a few months and grew rapidly.

The patient was again admitted, and on the 7th of April the entire jaw of the right side, with half of the malar bone, was excised, thus removing the attachments of the cancerous growth. The patient made a fair recovery, and was dismissed April 26th.

Case 2.—This was a female 60 years old, of Nan-hai District. A large tumor, occupying the left side of the face from the nose and eye to the alveolar processes and roof of the mouth, and displacing the malar bone outwards, had been growing for three years.

On the 13th of April an incision from the upper lip along the border of the nose to the corner of the eye, and a transverse incision half way between the border of the lip and the eye, laid bare the tumor. The nasal process of the superior maxillary, the orbital and the zygomatic processes of the malar bone, were then divided with cutting forceps, and the superior maxillary bone separated from its fellow on the median line and at its junction with the palate bone, the mucous membrane of the mouth on the median line and behind the border of the tumor having been previously divided. With lion forceps the mass was dislocated, and after separating points of attachment, was removed. There was considerable hæmorrhage, which was controlled by ligature and actual cautery.

The recovery of this patient was rather slow, on account of the severe shock and loss of blood, but she was able to be about in a month, and was dismissed June 17th.

Case 3.—A young man, 25 years old, native of Heung Shan District, farmer by occupation, was admitted to the Hospital with a tumor of the left superior maxillary bone, about the size of a goose-egg, occupying the antrum.

An opening was made in the alveolar process, and a mass of melanotic substance removed and the bone scraped. This, as in the first case, proved insufficient, and the disease returned in a few months. On the 5th of May, the superior maxillary bone of the left side, and half of the malar bone, were excised. The patient made a good recovery, and it is hoped that the removal of the bone with all the attachments of the tumor will give permanent relief, although the chances of return are greater in cases of melanotic disease than of fibroid cancer.

Remarks.—The excision of the superior maxillary is a formidable operation, and the surgeon is often inclined to try partial measures where the disease is not too extensive. In most cases, however, it is better to deal radically with the tumor and excise the maxillary bone, to the limits of which the disease is usually confined. Thus, permanent relief may be confidently expected, and the deformity is much less than might be expected. The operation, although so formidable, is seldom fatal. In some ten cases operated on in this hospital, in which the entire maxillary of one side and the malar bone were excised, none were fatal, and if in any there was a recurrence of the disease, they did not return for treatment, and some have been seen in good health afterwards.

Canton, China, August 12th, 1887.

#### MY FIRST EXPERIENCES IN CHINA.

By S. S. McFarlane, L.R.C.S., L.R.C.P.

What lively recollections will this title awaken in the minds of many of our brethren. The first operation—the responsibility—the after treatment.

Having come out as an agent of the L. M. S., for the purpose of opening up a new inland station in connection with our Tientsin Mission, my time is at present divided between the study of the language and assisting Dr. Mackenzie at the hospital. The following cases may interest our readers:—

#### Case 1 .- Gunshot Wound of the Forearm.

Patient et. 30. Admitted July 2nd, suffering from a gunshot wound of the left forearm, the result of an exploded shell. For several months past, patient had been in the habit of earning his livelihood by collecting spent shells around Chinese camps, and selling them for old iron. On the present occasion he attempted to break open the shell, when it suddenly exploded, blowing off his left hand, and there were facial injuries described below. In this semi-unconscious and

helpless condition he lay for four hours exposed to the heat of the sun. A mandarin happening to see him, ordered some coolies to carry him to hospital, he accompanying the procession for two miles. Thinking, however, the man was not worth this trouble, the poor fellow was eventually thrown into a ditch to die.

Though much exhausted from hæmorrhage, he managed to crawl out and hop for 500 yards to a corn-merchant's shop. Seeing a large basket of meal, he overturned it with his sound arm and coiled himself inside.

The owners of the shop, to get rid of him, carried him in a basket to the hospital gates, where he was left outside to die.

The remarkable fact about the case is, that only six months ago he was engaged in the same occupation when the shell exploded and took off his left leg. He was then admitted and a circular amputation was performed below the knee at the seat of election. One would have thought such an experience might have proved a permanent lesson to him. Even Chinese are slow to learn!

State on Admission.—Extreme collapse. Pulse feeble from the excessive hæmorrhage. Left hand blown away about two inches above the wrist, leaving an ugly ragged wound covered with dust and flies. Upper portion of right arm severely singed with powder. Over bridge of nose was a deep laceration, also on the upper lip. Upon the right cheek, right upper eyelid, posterior edge of frontal bone, palmar surface of right wrist, were observed punctured wounds, the results of exploded pieces of shell. There was also a deep cut over the right tibia, exposing the bone. No mental impairment. Patient was able to converse intelligibly. He has previously been addicted to opium-smoking.

Treatment.—The facial and other wounds were immediately washed, stitched, and dressed with strips of plaster and carbolised lint, after which the patient was put under chloroform and a double circular amputation was performed just below insertion of pronator radii teres. Arteries being carefully secured, the flaps were brought together and stump dressed antiseptically with Iodoform and marine lint. With exception of diarrhosa on fifth and sixth days, and slight attacks of malaria, the patient had no bad symptoms throughout. Drainage tube was removed on the 11th day and wire sutures on 24th day. Patient left hospital with his wooden leg four weeks after admission. Doubtless a military career would be advisable, as he seems such a difficult subject to kill.

Case 2 .- Necrosis of Metatarsals of Right Foot.

Duration of disease = 4 months.

Patient admitted July 17th. Operation July 22nd.

Discovered, on making flap incision, that all the metatarsal and phalangeal bones were involved. LISFRANC'S operation was performed together with the removal of ends of tarsal bone by saw. Patient still in hospital. Progressing favourably, with no bad symptoms up to the present time.

Case 3 .- Osteo Sarcoma of Back of Hand.

Duration of growth == 5 months.

Patient admitted May 26th. Amputation by double circular above wrist. Antiseptically dressed with Iodoform and marine lint. Union by first intention took place. Wire sutures removed on 12th day. There was no rise of temperature, and patient went home three weeks after operation.

Interesting as the account of the first case may seem, his spiritual history is not less so. When under treatment last January for his first injuries, he obtained such a thorough knowledge of the Catechism that he could repeat it without a mistake. Alas, it was all head and no heart. During his recent stay in hospital the following conversation took place, which clearly revealed his state of heart. Referring to the fact that we were all sinners in the sight of God, we asked him if he knew what sin was. His reply was a blank, vacant stare. Have you ever offended your conscience?-Never. Do you ever recollect disobeying your parents?-Never. Have you ever been guilty of stealing?-Never. To numerous other questions he always gave a decided negative reply. We then explained to him the nature of sin, and asked him if he could recall one sin, however trivial, that he had committed. It was touching to see the poor, ignorant man lean forward, and putting his hand to his brow, resting his elbow on his knee, try hard to recall one small sin of his past 30 years' life. After a long pause, he suddenly exclaimed, "I have gambled --- if you call that sin." Poor, dead soul! How I felt for him. Oh for the Spirit of the Living God to sweep over China and cause these dry, dead souls to live and throb with love to Him who gave Himself for them. How can they feel their need of a Saviour until they have first proved the reality of sin? And how can they hear without a preacher?

Brethren, ours is a real work. We are weak in ourselves but strong in God. Let us go forth on our mission with the motto on our banner, the prayer of our heart, "Oh that I were a flaming fire in the service of my God." What an honour to tread so closely in our Master's steps and carry on a work of which He was the founder. The world may frown below, but He above smiles. Let the dying words of one of China's most faithful workers ever stimulate our flagging zeal.

"A little while for winning souls to Jesus, Ere we behold His beauty face to face; A little while for healing soul's diseases By telling others of a Saviour's grace."

Tientsin, August 9th, 1887.

#### MEDICAL MISSIONARY WORK IN PEKIN.

By B. C. ATTERBURY, M.D.

THE beginning of medical missionary work in Pekin dates from the arrival of W. LOCKHART, M.R.C.S., at the British Legation in September 1861.

His first Hospital Report to the Directors of the London Missionary Society states, that at first but two or three patients a day applied to him for medicine. This number, however, soon largely increased, and at the close of 1863 there were treated during the year 10,251 separate cases. In the spring of 1864 Dr. LOCKHART left for England, leaving the medical work in charge of Dr. DUDGEON, who had just arrived in Pekin. Up to 1865 the hospital occupied premises which formed part of the English Legation, but during this year a Buddhist temple was bought, after much trouble, and the hospital removed to its present most advantageous quarters on one of the great streets in the Eastern city. Here, for more than twenty years, there has been accomplished a grand work, reaching thousands of Chinese with healing influences, and touching their hearts by Christian kindness shown to them when in trouble. At present Dr. PRITCHARD, who came out in 1886, is in charge. He states, that the hospital has accommodation for thirty patients. The total number of visits at the dispensary for the past year was over 15,000, and four medical students are under instruction. During the session of Fung Wên Kuan, or Imperial College, ten or so of the students who are interested in the study of medicine attend a weekly clinic at the hospital, thus getting a practical insight into Western methods of surgery and practice of medicine.

As coming next in point of time, the medical work undertaken in the West city by Dr. John Stewart, of the S. P. G. Society, and afterwards carried on by the Rev. Mr. Collins, of the Church Missionary Board, must be mentioned. These two missionaries arrived in Pekin in the same year (1863) but the former remained a few months only. The Rev. Mr. Collins, while devoting most of his time to his regular preaching duties, likewise did quite a dispensary work. He returned to England in 1880. The Society for the "Propagation of the Gospel," which at present occupies the premises of the Church Missionary Society, has no medical man connected with it.

The year 1873 is a notable one, not only in the history of medical work in Pekin, but in all China. It was then that the first female physician to Chinese women reached the Celestial Empire. Miss Dr. Combs, the forerunner of the more than twenty-five doctors of her sex who have since followed her to this country, was connected with the American Methodist Episcopal Mission. When Dr. Combs left for the United States, in 1877, Dr. Howard (now Mrs. King) succeeded her. After two years she was called to Tientsin, and commenced the

work which has since been so eminently successful in that city. For several years, till the arrival of Dr. Denny in 1884, the Methodist Mission did nothing in the medical line. He, however, returned home the following year. The Rev. W. R. Lambuth, M.D., before going to his present field in Japan, spent some months in Pekin after the departure of Dr. Denny. At present this medical work is in the charge of Dr. Crews, who was last year compelled to retire from Ssü Ch'üan. He has a fine medical class started, and a good dispensary practice, with a hospital accommodating ten in-patients.

Dr. TREAT, who belonged to the American Congregational Board, arrived in 1867, and did some medical work in connection with that Society. But since his return and death in the United States, no one has been sent out to succeed him. The arrival of Dr. Atterbury, in 1879, was the beginning of the medical work now carried on by the Presbyterian Board. At first a dispensary was opened in connection with the street chapel. Building was commenced on the present premises last year. The Presbyterian Hospital has room for about forty-five patients. The last Report gives the number of total visits of patients as 16,818. Those treated in the opium refuge were 105, and 111 in-patients were reached into the hospital. There are six medical students who are being taught the various branches of medicine. Dr. G. Y. Taylor came out last spring as a colleague in the work. A pavilion holding seven beds, with waiting and dispensing rooms attached, has been already erected for the use of a female doctor who is expected to arrive in the fall.

While speaking of medical work in Pekin, the name of Dr. Bushell must not be forgotten. He, although attached as physician to the British Legation, has several times had charge of the L.M.S. Hospital during the absence of Dr. Dudgeon.

Dr. Dudgeon, although at present not in the service of any missionary Society, continues his medical lectures to the students of the Imperial College. He is also busy in preparing translations of several books which will be of great use to the profession at large in China and to native medical students.

Such is the record of what Protestant Societies have done for the relief of physical suffering in Pekin since the opening-up of the Chinese capital to foreign residence by Lord Elein. Had we time, something might also be said of the hospital and several dispensaries under the charge of the Roman Catholics. These are conducted with the same regard for efficiency and cleanliness that characterizes all their efforts in these directions in other places.

Judging from reports received from other parts of China, notably Tientsin, it would appear that medical work in this city has not as yet reached as many of the higher classes, or found so many of the wealthy Chinese willing to take a substantial interest in what is being done, as is the experience of others at some of the ports. Here the official atmosphere is most conservative, and it may

perhaps be long before very many of the highest in authority will deign to notice the foreign doctor.

The common people, however, receive us gladly, and these twenty-six years of medical work have broken down many of their prejudices and relieved many aches and pains. But more than this has been accomplished. There are those-not a few-who, by thus coming in contact with the Christian physician, have not only taken his medicines with benefit to their bodies, but have, as a result of his personal teachings, given up their idols and embraced Christianity. The doctor in China can do far more than merely confine his efforts to giving out medicines, leaving all else to the clerical brother. Human nature is the same here as elsewhere. When the sky is clear and everything favorable the Chinaman goes gaily along, forgetful of all but pleasure and profit. Soon, however, clouds arise and threatening winds blow. Doubts as to his ability to weather the storm enter his mind. He wants a ray of light to show to him the harbor, and a friendly voice to warn of dangers ahead. The doctor can not only relieve the pains, but has better opportunities than others to speak of the true light which has come into the world. Christ is the example for the true missionary physician. He went about both healing and teaching, curing the sick and telling them to go and sin no more. By thus combining both "preaching and practising" the missionary hospital will exert the greatest possible influence in any locality in which it may be placed.

#### MEDICAL PUBLICATIONS IN CHINESE.

By REV. J. C. THOMSON, M.D.

By Foreign Authors.

------- Brief Treatise on Anatomy. By some of the Jesuit Fathers. Illustrated by a few plates.

1805.—Treatise on the Art of Vaccination. By Dr. Alex. Pearson, Surgeon of the E. I. Co. Translated into Chinese by Sir Geo. Staunton. Canton, 1805.

Several editions were issued. "Very soon after, an edition was published by the natives in which not one word was retained as to its English origin nor any trace by which it could be known that the discovery of Vaccination was other than Chinese."—Sir J. F. Davis.

1841.—Letter addressed to Chinese residents at Malacca on the subject of Cholera. By Dr. Jas. Legge. Malacca, 1841.

1847.—The Beginner's First Book in the Chinese Language (Canton Vernacular), containing the Terms in Anatomy, Lists of Diseases and Medicines,

and Medical Phrases, in English and Chinese. By Rev. T. T. Devan, M.D. 161 pp. Hongkong. Revised and enlarged in 1858, and a third edition published by Dr. Wm. LOBSCHEID in 1861.

1850.—An Outline of Anatomy and Physiology (全體新論) by Dr. Benj. Hobson. 99 leaves. Canton. "The first work on scientific medicine ever issued in China." The first issues contained seven folding sheets of lithographic plates, afterwards replaced by wood-cuts. This treatise was republished shortly after its appearance by Yeh, the celebrated Viceroy of Canton. He had the illustrations re-cut and printed separately, and made up into rolls according to a favourite Chinese custom.

1855.—Treatise on the New English Method of Vaccination (英吉利國新出種痘奇書). A modification of Dr. Pearson's Tract, published at Canton in 1805. By Dr. Wm. Lobscheld. 7 pp. Hongkong.

1857.—First Lines of the Practice of Surgery in the West (西醫略論). By Dr. B. Hobson. Illust., 194 leaves. Shanghai. Three parts: the 1st and 2nd treat in detail of various branches of the surgical art, and the 3rd contains a classification of medicinal agents. The first issue had a Table of Contents of eight pages, in Chinese and English, which was not afterwards appended.

1858.—Practice of Medicine and Materia Medica (內科新誠). By Dr. B. Hobson. 2 parts, 112 leaves. Shanghai. Appended to this volume is a list of medical terms in English and Chinese.

1858.—Treatise on Midwifery and Diseases of Children (婦嬰新說).
By Dr. B. Hobson. 73 leaves. Shanghai. The last five leaves contain a series of recipes for making plasters, pills, powders, etc.

The foregoing four volumes, with another on "Natural Philosophy," by Dr. Hobson, form a series, profusely illustrated with beautiful wood-cut plates in the first style of Chinese art. The different volumes as they appeared were republished by the natives, and the whole five have been reproduced by the Japanese in a style of execution worthy of the original. The foreign merchants of Shanghai expressed their approval of these valuable works by subscribing \$2,000 for the publication of a large edition of this series, and Dr. Kerr was authorized to re-edit them by Dr. Hobson after he had left China.

1858.—Medical Vocabulary in English and Chinese. By Benj. Hobson, M.B. Lond., of L. M. Society. 75 pp. Mission Press, Shanghai.

1859.—Tract on Vaccination. By J. G. Kerr, M.D. 8 pp. Tsang Sha, Canton.

1859.—Tract on Hernia and Intermittent Fever. By J. G. Kerr, M.D. 6 pp. Canton.

1864.—The Tourist's Guide and Merchant's Manual; an English-Chinese Vocabulary of Articles of Commerce and of Domestic Use; also all the known names connected with the Sciences or Natural History, Chemistry, Pharmacy,

etc., in Court and Punte dialects, compiled from all available sources. By Dr. Wm. Lobscheid, for the Publisher. 152 pp. Hongkong.

1865.—Annual Report of the Medical Missionary Society's Hospital in Canton (奇症暑逸). By J. G. Kerr, M.D. 3,450 copies, many wood-cuts. Published yearly.

1871.—The Principles of Chemistry (化學初階). By J. G. Kerr, M.D. 2 vols., illust. with electrotype plates. It met with a favorable reception and was given a commendatory preface by Cheung Kwar, Tartar general, of Canton. One hundred copies ordered for the Imperial College at Peking, and sale found for it even to Japan. A third volume was issued in 1872 and a fourth in 1875.

1871.—Manual of Materia Medica (西藥略釋). By J. G. Kerr, M.D. Canton. Revised and published in two volumes in 1875, with Glossary in English and Chinese, and in 1886 revised and enlarged to four volumes, with illustrations in a 3rd edition.

[The translation of a standard work on Anatomy, commenced in 1870 by Dr. Kerr, was at this time laid aside temporarily in order to complete the Chemistry and Materia Medica.]

1871.—Classification of Medicines. By J. G. Kere, M.D. Canton. Doolittle's Vocabulary and Handbook of Chinese, Vol. II., pp. 295-800.

1872.—Essentials of Bandaging (窦扎新篇). By J. G. Kerr, M.D. Canton. 44 pp.; illust.

1872.—Chemical Terms. By J. G. Kerr, M.D. Canton. Doolittle's Vocabulary and Handbook of Chinese, Vol. II., pp. 543-549.

1874.—Manual of Cutaneous Diseases (皮膚新篇). By J. G. Kerr, M.D. Canton. 116 pp., English index.

1874.—Curling's Diseases of the Testis, and Notes on Lymph Scrotum. By PATRICK MANSON, M.D. 3 vols, with twelve superior lithographic plates. Amoy.

1874.—Manual of Symptomatology (內科關微). By J. G. Kerr, M.D. Canton. 71 pp.

1875.—Treatise on Syphilis (花柳指迷). By J. G. Kerr, M.D. Canton. 1876.—Contributions to Chinese Materia Medica (藥性總考). By Dr. F. Porter Smith, of Hankow. 1 vol.

1878.—Anatomy (全體微關). Translated and compiled by Dr. D. W. Osgoop, of Foochow. With vocabulary of terms. 4 vols.

1880.—Manual of Eye Direases (眼科摄要). By J. G. Kerr, M.D. Canton. Many wood-cuts.

1880.—Gray's Anatomy (全體闡微) By D. W. Osgood, M.D. 6 vols., fully illustrated. Foochow. Under revision.

1880.—Western Healing News (西醫新報); a quarterly medical journal. By J. G. Kerr, M.D. Canton,

1881.—Manual of Operative Surgery (割定空書). By J. G. Kerr, M.D. Canton. Largely illustrated.

1881.—Treatise on Inflammation (炎症). By J. G. Kerr, M.D. Canton.

1881.—Treatise on Ferers (熱症). By J. G. Kerr, M.D. Canton.

1881.—BURGOYNE, BURBRIDGE & Co's London Drug Circular and various Lists of Medical Books in Chinese. By J. G. Kerr, M.D. Canton.

1882.—Treatises on Diseases of the Lungs, Liver, Heart, Kidneys and Spleen, of the Nerrous System and on Eruptive Fevers. By J. G. Kerr, M.D. Canton. These, with the Treatise on Inflammation, were afterwards combined in a Manual of Theory and Practice.

1883.—Treatise on *Hygiene* (衛生要旨). By J. G. Kerr, M.D. Canton. As invited by the China Missionary Conference of 1877.

1883.—Manual of Theory and Practice of Medicine (內科全書). By J. G. Kerr, M.D. Canton. 6 vols., illustrated.

1883.—Anatomical Atlas (體質窮源) MILLER's, with many colored Plates. By J. G. Kerr, M.D. Canton.

1884.—Manual of Physiology, Huxley and Youmans' (體用十章). By J. G. Kerr, M.D. Canton. 4 vols., largely illustrated, with Glossary in English and Chinese.

1884.—Opium-Smoking, Exhortations to Abandon, containing a chapter on the medical aspects of the opium cure, and several prescriptions. By Rev. D. Hill, G. John, and Dr. Dudgeon. pp. 32, 12 illustrations, colored. Hankow Tract Society.

1884.—List of many Medicines in Chinese and Japanese. By Dr. W. N. Whitney, Tokio, in the History of Medical Progress in Japan. (Trans. As. Society of Japan, Vol. XII, Part IV., pp. 400.)

1886.—Anatomy and Physiology (全體圖說). Two wall-charts with handbook. By W. & A. K. Johnston. Translated by Dr. Douthwaite for the "School and Text-Book Series." 1 vol.

1887.—Vocabulary of Diseases, in English and Chinese. Canton Hospital. 12 pp.

1887.—The Eye and its Diseases (眼科摄要). Compiled by Dr. Douthwaite, of Chefoo. 1 vol.

1887.—Instructions for the Medical Department of the British Army: Treatment of Sick and Wounded. War Office. (臨陳傷料便覽). 4 vols.

1888.—The Physician's Vade Mecum (內料理法). By Dr. Hoofer. Translated by Dr. V. P. Suvoong, 8 vols.

Lessons in Physiology, for the Young. Dr. PORTER.

Synopsis of Chemistry (化學紀晷). By Rev. E. FABER.

A General Outline of Chemistry. By Rev. G. John.

Pharmacopæia in China. By Rev. S. A. Hunter, M.D. Chi-nan-foo. (May be not yet completed.)

Real progress can only be made by knowing what has been done, and on that foundation rearing aloft the superstructure; so, in pursuance of the suggestion in No. 2 of our *Journal*, the above List will show how much (or how little) has been provided of that *Medical Literature* of which this great Empire stands in such sore need.

#### WORKS PREPARED BY REV. J. EDKINS, D.D.

Among those of Macmillan's well-known scientific and historical primers which have been published in Chinese are the following, which bear on medicine:—

Chemistry 化學 啟 蒙 Hwa hio chi meng. By Sir William Roscoe;

Physiology 身理 啟蒙 Shen li chi meng. By Professor Michael Foster; Botany 植物學 啟蒙 Chi wu hio chi meng, by Sir J. W. Hooker.

They have been translated by Dr. Edkins, at the instance of Sir Robert Hart, Inspector General of Customs, and they are printed in the Chinese way on blocks, with the illustrations cut partly on blocks and partly on horn. In selecting names of substances and native plants, the translator had the assistance, kindly rendered, of Professor Bilquin, Dr. Dudogon and Dr. Bretschneider.

#### LIST OF MEDICAL WORKS IN CHINESE BY DR. J. DUDGEON.

- 1.—Chuen t'i t'ung k'au (全體通考). Systematic work on Anatomy. 16 vols. large 8vo. Vol. I. comprises prefaces, contents and history of Anatomy from the Encyclopædia Britannica. The last two vols. are illustrations (over 600) forming a complete atlas, which can be had separately; wood-cuts by native artists. Vols. II and III are osteological—a translation of Holden's work. The remainder is a translation of Gray's work. The work is printed and published by the Tung-wên College Press. Cost Tls. 5.
- 2.—Chuen ti kung yung (全體功用). A translation of Morrant Baker's Kirke's Physiology. Last edition, illustrated. Companion work to the Anatomy [in preparation and almost completed].
- 3.—Anatomical Atlas (Shen t'i kuh ko pu wei, tsang fu hsieh moh chuen t'u 身體骨格部位,臟腑血脈全圖). 1 vol. folio; numerous coloured plates.
- 4.—Miscellaneous Medical Essays (Hsi i chū 屯 西 醫 舉 隅). 2 vols. 8vo., copiously illustrated with some of the plates of the Atlas. The Essays were contributed to the Chung hsi wên chien lu (Peking Magazine).
- 5.—Squire's Companion to the British Pharmacopæia. 14th edition, with an Introduction consisting of Griffith's Lessons in Prescriptions and Prescribing:

Ying kwoh kwan yao fung (英國官藥方) [in the Press]. To ying chi kwan (脫影奇觀).

- 6.—Principle and Practice of Photography. 5 vols. 8vo., illustrated. Vol. I. is devoted to the Optics and Chemistry of the art, and the Appendix embraces a treatise on the Magic Lantern.
- 7.—Tract on the Cure of the Opium Habit. Published by the Hankow Tract Society. Illustrated by native drawings.
- 8.—Sheets (1) on Vaccination, (2) on the Opium Vice and Cure, several (3) on the pai yao fen (白藥粉) [a foreign remedy containing hydrochlorate of morphia and starch], etc., etc.
  - 9 .- A Medical Vocabulary. 6 vols.
    - List of Terms employed by the author in the work on Anatomy, with the corresponding terms employed in Japan, and by Drs. Hobsen & Osgood.
    - 2.—A List of all the Anatomical Terms used in Chinese medical works, and all the terms relating to the Human Body found in Kanghi's Dictionary.
    - 3.—An Alphabetical List of all the Terms used in Vols. I and II, the wên li, kwan hwa and suh hwa terms being indicated; those in use at Peking and a suggested Chinese anatomical and physiological nomenclature.
    - 4.-The philosophy or physiology of Chinese Medicine.
    - A comparison of Chinese Medicine with Ancient Western Medicine.
      [In preparation.]
    - 6.-A Vocabulary of Physiological Terms used by the author.

MEDICAL PUBLICATIONS IN CHINESE, AND WORKS BEARING ON MEDICAL SCIENCE,

By JOHN FRYER, Esquire.

## Already Published.

1870.—化學鑑原 Principles and Applications of Inorganic Chemistry; adapted from Wells' Treatise. 4 vols.

1871.—化學分原 Introduction to Practical Chemistry; adapted from BLOXAM'S WORK. 2 vols.

1875.—化學續編 Treatise on Practical Chemistry—Organic; adapted from BLOXAM's work. 6 vols.

1876.—化學補編 Treatise on Practical Chemistry—Inorganic; adapted from BLOXAM's work, 6 vols.

- 1876.—儒門醫學 Handbook of Medicine. By Drs. RAYLE & HEADLAND, translated. 4 vols.
- 1880.—化學易知 Manual of Chemistry for Schools. Compiled for the "School and Text-Book Series." 1 vol.
- 1880.—化學器具材料 Chemical Apparatus and Reagents. From B. Griffin's Chemical Handicraft. Reprinted from the Chinese Scientific and Industrial Magazine. 2 vols.
- 1880.—化學衛主論 The Chemistry of Common Life. Adapted from Professor Johnston's work of that name. Reprinted from the Chinese Scientific and Industrial Magazine. 2 vols.
- 1884.—化學材料中西名目表 Vocabulary of Names of Chemical Substances. 1 vol., pp. 37.
- 1885.—化學考質 Chemical Analysis—Qualitative. By Fresenius. Complete edition, with coloured spectra plate. 6 vols.
- 1886.—西藥大成藥品中西名目表 Vocabulary of Names of Materia Medica, etc. 1 vol, pp. 68.
- 1886.—化學求數 Chemical Analysis—Quantitative. By FRESENIUS. Complete edition. 14 vols.
- 1886.—化學須知 Outlines of Chemistry. Compiled for the "Outline Series." 1 vol.
- 1887.—西藥大成 Materia Medica and Therapeutics. By Drs. RAYLE & HEADLAND; with addenda from latest edition edited by HARLEY. [To be issued during the present Autumn]. Fully translated, with illustrations. 16 vols.

#### In course of Publication.

- 1888.—英國洗寃錄 Forensic Medicine. Translated in full from Guv & Ferreir's work. 12 vols.
- 1888.—顯 脉 表論 Handbook of the Sphygmograph. From Dr. Burdon Sanderson's work. 1 vol.
- 1888.—身體須知 Outlines of Anatomy and Physiology. Compiled for the "Outline Series." 1 vol.
- 1888.—化學圖說 Wall-Charts illustrating Chemistry, with hand-books. By W. & A. K. JOHNSTON. For the "School and Text-Book Series. 4 vols.

The above 18 works comprise 84 Chinese volumes.

## CORRESPONDENCE.

A TRIBUTE TO DR. B. STEWART RINGER.

Amoy, 3rd August 1887.

DEAR SIR,—In your valuable Article, in your June Number, on Medical Missionaries to the Chinese, I regret to notice that the name of Dr. B. STEWART RINGER is omitted. Surely such work as he did for eight years in North Formosa should not be omitted in such a record.

Dr. RINGER'S "valuable professional services rendered gratuitously" were cordially recognized by the Presbyterian Church in Canada by a handsome Testimonial in 1881, and they ought never to be overlooked by anyone interested in Medical mission work to the Chinese—as they were exceptional,

Yours very truly,

FRANCIS CASS.

#### MEDICAL WORK IN KWANGTUNG.

[Such Medical Notes as the following are very acceptable. We trust we may be favoured with many such, from all parts of the Empire.—ED. Mod. Journal.]

Dr. HORDER, who recently made a trip to Australia for his health, has returned to Pak-hoi, in the extreme S.W. of Kwangtung Province, and opened his new hospital there. The time originally fixed was the first of the Chinese year, but ill health delayed it. We trust Dr. HORDER will have great success in his new field.

Hai-nan Island.—Mr. JEREMIASSEN has treated many soldiers at Nodoa, one of his out-stations, about three days from Hoi-hau, and the officials have built a hospital, which

they propose to present to Mr. JEREMIASSEN when it is no longer needed for the soldiers. There has been great mortality among the soldiers sent to fight the aborigines; and, no doubt, fever went on unchecked in every case, until Mr. JEREMIASSEN met it with Quinine and other remedies. Medicine is thus doing its good work in the hands of our brethren in places which were a few years ago inaccessible to foreigners. It is said, that the General in command telegraphed to the Canton Viceroy that, but for the timely arrival of Mr. JEREMIASSEN, most of his troops would have died. It is known that the soldiers do often die by the hundred in Hainan. The military hospital is given Mr. JEREMIASSEN for his permanent use, it is understood.

Our German friends are arranging to open a hospital in Tung-kun, a large District City, 50 or 60 miles east of Canton. They expect a physician from Europe, and in the meantime Dispensary work will be begun by Dr. MAK SHUI, a graduate of the school in connection with the Medical Missionary Society's Hospital, who was for some time Medical Assistant in the hospital, but recently engaged in private practice in Tung-kun. Dr. MAK is also an eloquent preacher.

Canton.—MARY FULTON, M.D., has recently opened a Dispensary in one of the Chapels of the Presbyterian Mission, and the attendance of women soon ran up to 70 or 80.

Kwang-tung Province, exclusive of Hongkong and Macao, boasts six hospitals, three dispensaries, fourteen medical missionary physicians (two of them ladies), and at least 30,000 patients treated in 1886, to say nothing of many native quacks who placard themselves as practising after Western methods, and some formerly pupils and assistants at the various hospitals, who have lucrative practices. Can any other Province make a better showing?

Dr. Kerr and Mr. Kung King Ko are engaged on the translation of "Thomas on the Diseases of Women," the first volume of which is in the hands of the printer. It will be well for any who are making translations to give notice, so that two persons may not be engaged on the same work.

The above items show that medical work is extending in this Province. With the Alice Memorial Hospital in Hongkong, Drs. Wennon & McDonald's Hospital in Fat Shan, Dr. McCandliss in Kiung Chow, Hai-nan, and Dr. Thomson in Yeung Kong, we look for the rapid progress of Western practice in this part of the Celestial Empire.

Christianity may not advance as rapidly, but it will surely follow in the steps of rational medicine and scientific education, preaching-by-faith Missionaries and Native Assistants, being the means by which Gospel truth is made known to patients as well as people generally.

## NOTES AND QUERIES.

Is a partial course in medicine an economic or advantageous measure for the China missionary?

Sign for a Dentist's shingle:—"Teeth extracted with great pains."

Doctor's Motto-" Small fevers thankfully received,"-O. W. HOLMES.

Query.—Ought we not to issue a Circular against the barberous practice by which so many eyes and ears are injured in China. and that too mainly at the hands of forcigners (Hak-kas) at Canton? A brief anatomical lecture, with several instances of the evil effects of the practice, and the seal of our Association affixed, might open many eyes and ears to the subject.

A series of this character of authoritative circulars, say on Foot-binding, Head-flattening, Infanticide, and Prison Management, not to mention Opium-smoking, might prove an effective reminder of the need of reforms in these directions in this Celestial kingdom.

Is a partial course of medical study an advantage or a disadvantage to the mission worker in China? It is recalled by advice at home to theologues to give a year or so to medicine, etc. I think it a mistake except for their own good, but don't have them give out impression they are doctors. One of the Basel missionaries recently wrote home protesting against their custom of each missionary taking a year in medicine. In the days of pioneering, and with such men as FABER and NACKEN, it seemed to do-or JEREMIASSEN—but they had a peculiar knack about them; and the custom down this way of native preachers hanging out a shingle and bringing in considerable "pin-money," I think bad practice. Their practice is quacking and their preaching is pronounced "allee samee."

Is Rheumatic Fever common in any part of China! In the Northern part of the Empire we see subacute rheumatism fairly often, but as for Rheumatic fever with high temperature, acutely painful and tender joints, and acid sweats, we heard of the first case only a short time ago. It occurred in a patient under the care of Miss Dr. Ghoss, of the Isabella Fisher Hospital, Tientsin, and yielded quickly to the salicylate treatment.

CHINESE MEDICAL PROVERBS.

Medicine cannot cure an imaginary disease. Wine cannot alleviate real sorrow.

### 藥不能醫假病酒不能解填愁

The honest doctor cures the tail, the ignoramus the head of a disease.

# 道昧的醫生治病頭性質的醫生治病尾

If the medicine does not create dizziness, you will not recover from your sickness.

### 若藥不瞑眩厥疾不瘳

A doctor has the heart to cut flesh off his thigh to give to his patient, but never the mind to deceive him.

## 醫有割股之心並無虛假之意

Diseases enter by the mouth, misfortunes issue from it.

Out of ten men, eleven of them have the itch.

Health is the handmaid of Piety.

For want of timely care, millions have died of medicable wounds.

L'occasion est urgente, le jugement difficile. Sleepiness in an old man, and wakefulness in a young one, are bad symptoms.

No medicine is the safe medium in physic. (Between that which cures, and that which kills.)

No duns outside, and no doctors within.
(Absence of sickness and debt.)

Diseases may be cured, but not destiny, Misfortunes issue out where diseases enter in—at the mouth.

When YEN-WANG (the king of hell) has decreed a man to die at the third watch, no nower will detain him till the fifth,

Old age and faded flowers, no remedies can revive.

A triple birth is the harbinger of evil.

One sleepless night cannot be compensated by ten nights of sleep.

There is medicine for sickness, but none for fate.

J. C. T.

## THERAPEUTIC NOTES.

HYOSCINE, THE CEREBRAL SEDATIVE.

Dr. MITCHELL BRUCE, writing in The Practitioner on Hyoscine, the new cerebral sedative, says, "it very rapidly and completely controls those conditions of cerebral excitement variously known as delirium, mania, and insomnia with restlessness." He considers it to be a powerful and safe sedative, and gives numerous cases to show how it succeeds after the Bromides, Chloral and Morphine have all falled. It can be given also when Chloral and Morphine are inadmissible. It does not produce unpleasant dryness of the skin and throat. He has employed the hydriodate prepared according to the following formula:—

Recipe: Hyoscinæ Hydriodatis gr. i Aquæ Destillatæ gtt. 200

The dose varies from  $\frac{1}{200}$  to  $\frac{1}{50}$  gr. The average working dose is  $\frac{1}{100}$  gr., given either subcutaneously or by the mouth.

THE CONVALESENCE OF ENTERIC FEVER.

Dr. ALEXANDER COLLIE, who is an authority upon the treatment of fevers, gives it as his opinion, that in severe cases of Enteric Fever, solid food cannot be given with safety until from 10 to 14 days from the time the temperature has been normal throughout the day.

## THE TREATMENT OF CERTAIN FORMS OF VOMITING.

Under the above heading Dr. F. P. ATKINSON gives in *The Practitioner* some useful hints how to treat certain very distressing conditions.

For Bilious Vomiting he recommends a mixture of 15 minims of Solution of Potash and 4 of Laudanum administered every four hours. The Potash acts as a direct sedative to the stomach, while it is also a powerful stimulant to the secretion of bile.

For the Vomiting of Pregnancy he suggests taking a little milk and tea with bread and butter before rising in the morning, and a biscuit or two at various intervals during the day, whenever there is a feeling of emptiness. He explains the rationale of this as follows :-- "Digestion under the circumstances is rapid, and there is moreover a determination of the stream of nutrition from the brain and stomach to the fœtus in utero. Frequent very light meals are thus indicated in the interest of the cerebral and gastric circulation." Oxalate of cerium may be tried as an adjunct. In very severe cases cauterization of the cervix with solid nitrate of silver, as suggested by Dr. M. O. JONES, of Chicago, has been found successful.

For attacks of Sea-Sickness he advocates the administration of Bromide of Potassium, 15 grains three times a day for a week or two before starting on a long voyage. This for people who are very bad sailors. At the time pressure should be applied over the pit of the stomach, the supine position maintained, and three or four Cocaine lozenges given at intervals,

#### ANTIPYRINE IN HEADACHE.

Dr. BLAKE WHITE writes, in the New York Medical Record, that Antipyrine, when administered in masterful doses, not only promptly relieves the symptom of headache whenever present, whether resulting from disordered digestion, disturbance of the menstrual functions, loss of sleep, undue mental effort or uremia, but also possesses reliable prophylactic virtues against recurrent attacks of cranial neuralgia. He says, he has been much impressed with the promptness of relief which often followed the administration of even a single dose of fifteen grains. The relief usually comes on within half-anhour; a sense of drowsiness supervenes, followed by a brief but sufficient slumber. and the patient awakes quite free from headache," - ( The Practitioner. ) We learn from a Young French physician, fresh from the Paris Hospitals, that Antipyrine is now very extensively used by CHARCOT in his wards to relieve the severe neuralgic pains of locomotor ataxy.

#### COCAINE IN CHOLERA INFANTUM.

Dr. HERR, of Ottawa, after a thorough discussion of the essential nature of Cholera Infantum, recommends Hydrochlorate of Cocaine in doses of one-sixth (4) of a grain, given every two hours. He believes we have in Cocaine a stimulant to the ganglionic centres and a sedative to the sensitive gastro-intestinal mucus membrane.—Therapeutic Gazette.

#### A CHINESE ANÆSTHETIC.

We clip from one of our Exchanges an item showing that Dr. J. W. LAMBUTH's note in the third Report of Soochow Hospital, regarding the anæsthetic properties of a Chinese remedy, has received attention in the Nouv. Remèdes :- "A substance resembling wax, but harder and semi-transparent, in the form of a tablet, was cut into small pieces and digested in water for twenty-four hours, together with a small, white, woody excrescence. The liquid was then found by Dr. LAMBUTH to possess well-marked anæsthetic properties. It was found that a numbness of the lips and tongue was produced, and that the finger immersed in the solution for some minutes could then be pricked with a needle without any pain being felt. The tablet was described as being the juice of the eyes of a frog. It was probably the substance obtained by the Chinese by placing a frog in a jar containing flour, and irritating the animal, when it exudes a liquid which forms a paste with the flour, This is then dried and made into cakes bearing some resemblance to button lac. If the anæsthetic property be due to the frog's excretion, and not to the white, woody excrescence above mentioned, the fact suggests the possibility of the animal using the secretion to deaden the pain to which it might be subjected by its enemies."

THE TREATMENT OF MALARIAL DISEASES
BY PICRATE OF AMMONIA.

By H. MARTIN CLARK, M.B., C.M. Edin, In charge of the Amritsar Medical Mission.

During a period of four years and a half, I have treated over 10,000 cases of these diseases with this agent, with the happiest results. So uniformly successful has it been that I have in our very extensive practice here, given up the use of quinine and the cinchona alkaloids for the treatment of intermittent fever, and have substituted picrate of ammonia for them. A record was kept of 5,000 cases of intermittent fever treated with this agent. Of this number, in nine cases only did it fail to cure, and in these quinine succeeded at once. I usually give it in doses of from one-eighth of a grain to a grain and a half four or five times a day in pill. Half a grain is a fair average dose. Thus given the result is soon visible. In the great majority of the cases treated, halfgrain doses in the interval prevented the recurrence of the next attack of the fever, while in about 20 per cent. of the patients two or three attacks followed before the fever ceased. In one case of quartan ague, despite large doses of the salt, the fever recurred for six periods, gradually diminishing in intensity, and then yielded to it. It is equally successful in all the forms of ague but it is a curious fact that the cases in which it failed to cure were all of the tertian variety. I have also employed this agent in the treatment of twenty-five cases of malarial neuralgia of various nerves, six cases of malarial headache, and one of malarial colic. In all these instances it cured completely and speedily. In remittent fever it does not appear to be of use; six cases of a severe type were treated with it without any effect. Neither is the enlarged spleen of ague benefited by it, I have given it in numbers of such cases in conjunction with ergotine with good results, but such results are secured equally by the use of the ergotine alone.

My experience leads me to the conclusion that in all varieties of intermittent fever, and in malarial neuralgias, picrate of ammonia is a valuable antiperiodic, and it is an efficient and perfect substitute for quinia. It has the following advantages over quinine:—1.—It is much less expensive. This is an important consideration where, as in Indian practice, hundreds of cases of malarial diseases have to be treated annually. 2.—The dose given is very much smaller, 3.—It does not produce the unpleasant effects that quinine does—headache, deafness, tinnitus, &c.; nor does it disorder the digestion or cause nausea, as quinine is apt to do, in the doses in which it has to be given in India,—Laneet.

#### THE TREATMENT OF RHEUMATISM.

DR. FRANCIS MINOT usually employs in the treatment of acute articular rheumatism, ten grains of salicylic acid or fifteen grains of sodium salicycate, for an adult, every hour, or every two hours, until the pain and fever abate; after that, at longer intervals according to circumstances. If there be indications of endo or pericardial complications, sinapisms are applied, followed by fomentations, and quinine is given in two grain doses, three or four times daily. In cases of suspected cerebral inflammation ice is applied to the head, with opium, chloral hydrate, aconite, etc., internally. The affected joints are simply wrapped in cotton wadding. Purging is avoided.

The diet during the acute stage consists chiefly of milk and farinaceous articles. Wine and other stimulants are ordered according to the degree of prostration. The patients are kept in bed at least a week after all pain and swelling have subsided, and the temperature and pulse have fallen to the normal standards.

In the more chronic forms of articular rheumatism, reliance is chiefly placed on quinine and iron. In all cases care is taken during convalescence to prevent fatigue, exposure to cold, and errors in diet.—Med.

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Vol. I. SEPTEMBER 1887. No. 3.

#### MEDICAL EDUCATION IN CHINA.

In the North China Daily News of the 19th July, we read with interest an account of the examination of a young medical student in the subjects of medical study constituting the first professional or "Primary." This young man underwent his medical training in the English language at the hands of Dr. Myers, the Customs' Medical Officer at Takow, Formosa. It was pleasing to note the hearty support given to this infant scheme of medical education by the medical fraternity of Shanghai who undertook the examination of the student, and the creditable way in which he acquitted himself reflects honour alike upon pupil and teacher. One thing in connection with the proceedings struck us as a little novel, revealing how Western people are apt, often unintentionally, to undervalue the intellectual capabilities of the Chinese. When the certificate was presented to the successful candidate, it appeared from some of the remarks made upon the occasion as though it were accounted something surprising and a cause of wonderment that a Chinaman could acquire such proficiency in scientific subjects as to pass an examination before foreign examiners. Indeed the incident, judging from the newspaper report, created quite a furore in the "Model Settlement." Surely this is not very flattering to the amour propre of the intelligent and educated Chinese, and one must know very little of them to esteem it a marvel when one of their number shows himself equal to passing such an examination as the ordinary medical student at home successfully encounters at the age of nineteen. From our experience, we believe that bright Chinese youths, when properly trained, make as good students as are to be found anywhere; they are plodding, studious, very amenable to discipline, as a rule extremely quick at comprehension, and with the memory faculty remarkably developed. In fact, one might call them ideal students.

Turning now to the advisability of using a foreign language as the medium of instruction for Chinese medical students, we would give it as our opinion that, at the present time, if the student is to become thoroughly proficient in the science and art of Medicine and Surgery, it is necessary for him first to acquire the knowledge of a foreign tongue—say English. The reason for this, we take it, is the sparseness of medical literature in the Chinese language. We have now, it is true, good translations of standard works on Anatomy and Physiology,

but in the broad fields of Medicine, Surgery and Therapeutics, the literature within the reach of the student is of too elementary a character to enable him to advance far up the heights of medical knowledge. In order to attain proficiency and (what is of vital moment, unless he is to lose ground in after life), in order to keep up his reading and study when he has passed from the class-room into the active duties of his profession, it is requisite that he have at his command text-books and works of reference, together with periodical publications, to which he can turn in the hour of need.

The question may be fairly put, and as a matter of fact it is often asked. "Granted that it is best for the present at least to teach in a foreign tongue, why do you medical missionaries not adopt this method? Your efforts now result only in the manufacture of a half-finished article. Why not elaborate your system and give us the hall-marked article at once?" But the subject is not so easy of solution as would appear at a superficial glance. And in the first place we would remark, that medical missionaries have been engaged for some years in teaching medical students in Euglish, and in giving them as complete a course as it is possible under the circumstances. But such efforts are necessarily curtailed, first, by the limited number of English-speaking students willing to apply themselves to the study of medicine. A mere smattering of English will not suffice to enable the most intelligent to read technical books, as he will fail to understand them, however simple may be your explanations. His acquaintance with English must be a really workable one; he should be able to read fluently and to understand what he reads in any ordinary English book; then he can take up the text-book, and, aided by his medical dictionary and tutor's help, may hope to see daylight as he goes along. Yet, alas for science, the promising youths with this amount of English-and there are not so very many of themcan command a better income in the mercantile world, or in the diplomatic or Customs' services, than he is likely to get out of doctoring, and we have failed as yet to meet men with the enthusiasm of a VESALIUS, who will love science for her own sake. Then again, the openings for such men are very few indeed, and the demand necessarily regulates the supply. We have been told that the best teas go to the Russian market; they fail to fetch their price in England, and consequently are not sent there. Now, the important question is, do the Chinese want expensively trained medical men?-for the full curriculum in English means the outlay of considerable money. We may say that they do; but when a business man imports goods for sale, he is not guided in his selection by what he considers the poor benighted heathen need, but by what they want-in other words, what will sell and bring him a profit. And so with regard to the market open in China for doctors, the outlook for highly trained Chinese medical practitioners, enabling them to reap the income they have a right to expect, is a very poor one. In such places as Hongkong or Shanghai, where foreign influence is rapidly producing a hybrid type of Chinaman, who might attach some

importance to a foreign-stamped diploma, room might be found for a limited number, but where else? In the army and navy? It is true that His Excellency LI HUNG CHANG IS, in Tientsin, doing something to meet the need for military surgeons, but only in a very half-hearted manner, and neither he nor the Central Government are prepared to organize and support energetically a military medical department, without which there can be no large measure of success. Many attempts have been made to induce the authorities in Peking to form such a department, but all seem to have been unsuccessful so far. An American, Dr. LUSCHER, fresh from the care of wounded soldiers in Formosa, visited Peking at the close of the French war, with a full-fledged scheme for the organization of an army medical service, but failed to accomplish anything.

Then, as to the openings for private practice in purely native cities and towns, we believe that the fully trained man, expecting a fair income, would generally be disappointed; for we must disabuse ourselves of the notion that the sick Chinese are eagerly seeking the benefits of Western medicine. They look with distrust and suspicion upon the foreigner and the foreign-trained native alike. It is true that good work will always tell, and that wherever a medical missionary is located it will be his own fault if he does not succeed; yet it does not necessarily follow that the foreign-trained native will thrive much better in family practice than his neighbour without any training at all. But is this state of things in any way strange; the nation has first to be educated, and to become appreciative of science before she will have her cities full of scientific practitioners; the advance, in fact, must be equal along the whole line. We do not to-day look for our discoveries in medical science to Turkey or even to Spain, but rather to those nations where education and liberty of thought have spread more rapidly.

These remarks may in some measure explain why, for the most part, medical missionaries have aimed at a less ambitious standard of attainment in their students, judging that without the knowledge of a foreign language they could obtain a useful working acquaintance with Western medical treatment, empirical, no doubt, in the main, yet correct and accurate as far as it goes. Such men, while being considerably superior to the native practitioners, can yet successfully compete with them, and for private practice will best meet the demand of the market for some time to come.

As for the army and navy, China needs fully trained surgeons, with such status and pay as will attract capable men into their ranks, but they should be formed into a distinct corps and not remain dependent upon the caprice of the commanding officer. It seems, however, as though many other reforms must come about before this one is ripe.

## CHLOROFORM INHALER.

In the New York Medical Record, April 23rd, Dr. Lewis A. Sayre describes a Chloroform Inhaler which he has used for many years, and with satisfactory results. He says, "It is simply a German-silver cup to place over the mouth and nose, with a notch in its upper border, to fit over the latter organ. A wire gauze is placed over the lower half of the cup at about its centre, and behind this is to be placed the sponge to hold the anæsthetic. Beneath the sponge is an opening for the admission of air on inhalation, and opposite the mouth is another opening for the expulsion of air on exhalation. These openings are alternately opened and closed at each inspiration by the small wooden balls which act as valves, so that no air can be inhaled except such as passes through the impure air is exhaled through the upper opening.

"Ten, twenty, or thirty drops of chloroform administered in this manner will almost invariably produce anæsthesia by a very few inhalations."

Dr. SAYRE has "practised this method for many years," and the small amount of chloroform required, the rapidity with which it takes effect, and its safety in careful hands, are recommendations for its use in China.

The inhaler is made by John Reynders & Co., 303, Fourth Avenue, New York.

J. G. K.

### ANNUAL OF MEDICAL SCIENCES.

We have just received a circular announcing the establishment of a new publication, to be called the Annual of the Universal Medical Sciences. Its object is "to present at the end of each year, in the English language, a Report of the progress of every branch of medicine, during that year, in the different parts of the world." "In addition to procuring information upon the progress of general medical science among medical men, efforts will be made to investigate the methods employed by uncivilized races in their efforts to treat disease, in the hope that among the many crude measures practised by them, some valuable remedy or procedure may be discovered." The Chief Editor is Dr. Chas. E. Sajons, one of the Professors of the Jefferson Medical College, Philadelphia. He is supported by sixty-four Associate Editors, drawn from the pick of the profession in America, and by 150 Corresponding Editors, located

in the great medical centres. Besides these, the idea is to have eventually correspondents in all parts of the world—civilized or uncivilized.

The work will consist of five royal octavo volumes of about 500 pages each, fully illustrated with wood-cuts, coloured plates and maps. The price is to be \$15, and the Publisher is F. A. Davis, 1217, Filbert St., Philadelphia.

We heartily wish success to the new scheme, though we think it would find more favour could the new material, to be collected annually, be brought within a smaller compass.

## FRIENDLY NOTICES.

Is the July number of Medical Missions at Home and Abroad, the Editor notices very kindly the first copy of this Journal. Referring to the fact that professional material is likely to be much more easily obtainable than missionary experience, he goes on to add, "there will be a danger, on that very account, of degenerating in the direction of a purely medical journal." He trusts that this may not happen. We repeat these remarks very gladly, because they express what may become, unless we as a body of medical missionaries are on the watch against it, a very real danger ahead. While giving due scope to the purely professional side, let us also keep the missionary aspect of our work well to the front. Will every reader of this Journal bear this in mind, and let us have from time to time items of missionary experience as well as cases of professional interest.

The Medical Missionary Record of New York City gives the China Medical Missionary Journal a very happy welcome. It speaks with surprise of the possibilities of "producing so excellent a literary and typographical journal in the Chinese Empire," and says: "In this latter respect it surpasses anything we have seen produced in China, and places it on a par with any similar magazine published in Europe or America"—a commendation well deserved by our enterprising Publishers. It says further: "We shall be pleased to act as agent in America for the new journal, and would ask a similar favour on our own behalf,"—an arrangement we are more than ready to accept.

## CUSTOMS' MEDICAL PUBLICATIONS.

In the recently published Catalogue of Customs Publications, we notice Thirty-two Medical Reports, from October 1870 to September 1886. The most of the numbers are sold at a dollar each, though three numbers are fixed at two dollars. This valuable series, many numbers of which are illustrated, contain a great amount of information on such topics as the Filaria Sanguinis Hominis, The Plague in Yunan, Tinea Imbricata, Cholera Epidemics in Japan, Lithotomy Statistics from Canton Hospital, Epidemic or Continued Fever, Trichnia Spiralis in Chinese Pork, the Relations of Microscopic Organisms to specific Diseases, the Bacillus of Enteric Fever, Typhoid Bacteria in Drinking-Water, the Etiology of Leprosy, the Fevers of Chefoo, Operative Treatment of Hepatetis and Hepatic Abscess, Diostoma Hominis, Sprue, an Affection of the Sympathetic Plexuses of the Intestinal Wall, Attempt at Chinese Vital Statistics, the "Black Lime" of China, Diseases encountered in the Foreign Hospitals of Shanghai. We learn from a note, that the substance of the information contained in Nos. 1 to 24 will be found systematically arranged in "An Epitome of the Reports of the Medical Officers to the Chinese Imperial Maritime Service, from 1871 to 1882, with Chapters on the History of Medicine in China," etc., compiled and arranged by Surgeon-General C. A. Gordon, M.D., C.B. London: Baillière, Tindall & Cox, 1884.

### HOSPITAL REPORTS.

REPORT OF THE CANTON MEDICAL MISSIONARY SOCIETY.

The full and correct name of this body is the "Medical Missionary Society in China," and the Report before us covers its forty-eighth year, closing with December 1886. There is first a Report of the Annual Meeting, then a Report of Hospital, by Drs. Kerr & Niles, which latter includes Reports of a Dispensary by Mary W Niles, M.D.; of Dispensary Work at Sz Ur, by R. H. Graves, M.D.; of the Yeung-Kong Dispensary, by Jos. C. Thomson M.D.; and of the Kiung-Chow Hospital, by H. M. McCandiss, M.D. Admirable Tables give a large variety of information regarding the multifarious work of this oldest and most vigorous of the medical organizations in China. There were 2,283 Surgical cases treated in Canton; 1,287 In-patients; and 5,660 Outpatients. The number of cases of Lithotomy were 38, and of Lithotrity 13—a large proportion of which were boys and young men. A wood-cut illustration is given of a case of Tumor of the Parotid Space, before and after operation; also a

case of Tumor of Lower Jaw. "Worms" seem to be a quite "popular disease" in Canton, 2,977 worms having been passed by patients under the operation of Santonine, in which, the Report says, Chinese have such confidence that they say it will bring worms away whether worms are present or not!

The Medical Class consists of 16 students, 4 of whom are females. The fee charged has been nominally \$20.00, but in many cases half that sum has been taken. The students have always paid their own expenses, save when employed to assist in dispensing medicines. About 150 names have been enrolled as students during the many years that students have been under instruction, showing that far more has been done in this department than many, even of medical men, are aware. The corps of teachers numbers five, including Drs Kern & Niles, the remaining teachers (three) being natives, formerly pupils. The instruction has been altogether in the Chinese language. The Report of the Canton Hospital closes with the following passage:—

"To place the School on a satisfactory basis, a higher grade of Scholars is needed than most of those who have applied for admission, and a number of endowed Scholarships to assist suitable young men who are without means, is a desideratum. If we had the means to pay the expenses of students, as is done at Tientsin, the class might soon be doubled in number, but we regard the system of self-support, as a general rule, the one that will in the long run give the best results. We would suggest to the friends of medical education among the Chinese, that the endowment of a number of Scholarships for the purpose above stated is worthy of their consideration. The sum of \$5.00 per Month is sufficient for all expenses."

Three men and five women have been received into the church from among the patients.

We are interested in the fact that the income of the Hospital proper gives such items as the following: Entrance Fees, \$125.58; Special Fees, \$75.56; Fees from Medical Students, \$70.75; Rent of Rooms, \$366.29; Subscriptions and Donations, \$206.38; Medicines and Instruments sold, \$320.89; Milk sold, \$118.64; Bottles sold, \$38.12; Books sold, \$166.40. By the Cash Account of the Medical Missionary Society itself, we learn that at least \$1,131.00 were subscribed by Chinese, mainly high officials. The total expense of the Hospital at Canton seems to have been, for 1886, \$3,170.00, beside \$615.31 spent in building. Dr. Thomson reports 6,044 out-patients, and 293 Surgical Operations, mainly minor ones, at Yuen Kong. Dr. McCandliss reports 12,127 out-door patients, and 984 Surgical Operations at Kiung-chow.

A valuable Addenda of Historical Notes, supplementary to the Report of 1885, from the accurate and indefatigable pen of Rev. J. C. Thomson, M.D., closes this interesting pamphlet. We might be tempted to reproduce this so-called Calendar, but that very many of the facts will appear in the papers by Dr. Thomson which we are publishing in the China Medical Missionary Journal.

#### THE HANGCHOW MEDICAL MISSION.

Dr. Main apologizes for the late appearance of his Report for 1886, from the pressure of work. The Hospital was closed for six weeks while being painted, and consequently the number of patients reported was less than for 1885. Besides work at the Dispensary and Hospital, Dr. Main finds no small or unimportant part of his work among missionaries and their families. In comparison with many parts of Chekiang, Hangchow is, Dr. Main says, comparatively healthy, "and no one need fear seven or eight years hard work, who has got a sound constitution and takes ordinary precautions. At the end of such a period the mental as well as the physical frame requires, at least deserves, a rest, and we believe a visit to the old country is the proper line of action"—and we know no one who will more richly deserve it than Dr. Main himself, when the time shall come.

The number of Patients during 1886 are reported as follows: -Outpatients (registered only on first visit), 7,326; In-patients, 312; Suicides, 87; Patients visited at their homes, 186; Patients seen in the country, 840; Number of visits paid to Foreigners and Natives, at their homes, 611; Number of suicides treated at home, 10; Number of accouchements treated at home, 3; Number of visits paid by Out-patients to the Dispensary, 10,926. The General Diseases are classified thus:-Intermittent and Remittent fever. 908: Rhoumatism, acute and chronic, 609; Opium Smokers, 408; Unclassified, 319; Eighty-two cases of Opium-Smokers were admitted for cure, and many tabulated facts are given regarding them. While admitting that many do take a moderate quantity of opium for a long time without any apparent injury, Dr. MAIN speaks of the habit as "one of the greatest evils in China, filling thousands of homes with sorrow and desolation, and is one of the greatest obstacles to the progress of Christianity. If those who are ever anxious to minimise and doubt the evil effects of opium-smoking on the Chinese, could spend a few days in the capital of Chekiang, we fancy they would rapidly come to the conclusion that of the physical ruin, harrowing scenes, baggary and misery consequent on opiumsmoking, the half has never been told." "The Medical Class has been continued as usual," but we find no statement as to the number of students. It is hoped that some of the young men may become "medico-evangelists" when their courses of study are completed. Evangelistic efforts occupy a prominent place, as ever, and some of the patients "have manifested by a changed life that they have undergone a change of heart." We must not fail to notice the very creditable illustrations on the cover and in the body of the pamphlet, which give it a special character among the Reports of 1886.

FOURTH ANNUAL REPORT OF THE SOOCHOW HOSPITAL.

Dr. W. H. PARK was in charge the entire year 1886; Dr. J. W. LAMBUTH, who commenced the work, having left for Peking and finally for Japan. The

total number of patients at the Dispensary, new and old, was 11,973, but Dr. PARK speaks of the In-patients as not so numerous as he would like, prejudice still being strong in the minds of many. New buildings have been erected, at a cost of \$1,792.00, for the chaplain and native Superintendent, the Rev. C. K. Marshall, whom Dr. Park speaks of "as almost as necessary to the existence of the Hospital as the Foreign Physician himself." The Medical School is now in its third year, but there is no indication of the number of students. Miss M. M. Philips, M.D., and Rev. W. H. Parken assist Dr. Park in the instruction, besides three native teachers, who prepare their lectures from English Text-Books with some aid from Dr. Park, but who deliver their lectures in Chinese.

The charges seem to be well arranged and efficiently managed. Out-door patients of the first class pay 56 cash as an entrance-fee, besides paying for their medicines; while the second class pay 28 cash, and presumably have their medicines free. In-door patients, in the Medical and Surgical wards, of the first class pay 50 cents per diem, of the second class 25 cents, and of the third class 5 cents; while patients in the Opium Refuge, of the first class pay \$6.00 each, of the second class \$4.00, and of the third class \$2.00 each. In the concise and clear Cash Account of the Treasurer, \$1,181.94 are acknowledged as Hospital and Dispensary Receipts; \$205.58 from sale of Drugs; \$154.25 from Donations; and \$45.00 Fees from Foreigners—all which shows the care taken to prevent the medical work from exerting a pauperizing influence.

The classification of the Discases, the Surgical cases, the occupations of patients, etc., is unusually full and complete; and there are several Medical and Surgical Notes of interest, which our space does not allow us to quote. Dr. PARK speaks of Cocoaine being as good as Osmic Acid in Sciatica, and Aqua Fontis better than either. Ascites is very common, 42 cases having been operated upon, removing on an average two gallons at a sitting.

## ITEMS AND NOTES.



OUR friends will, no doubt, receive with full appreciation the photograph of Dr. ALEXANDER PEARSON, with which they are presented in this number. This beautiful and valuable picture is a donation to the readers of the China Medical Missionary Journal, by our President, Dr. J. G. Kerk, and Rev. J. C. THOMSON, M.D., to whom we render hearty thanks on our own behalf and on behalf of all who will take pleasure in possessing such an interesting historical memorial.

We would also draw attention to the lithographic diagram accompanying Dr. AITKIN'S Article. As our first attempt in that line, we trust it will be leniently criticised.

Dr. Kerr, our Medical Chief, wrote late in August of being about to start on a trip to the province of Kwangsi, to be absent several weeks. He will undoubtedly visit Kwai Ping, the scene of the riot in May of last year, when Dr. A. M. Fulton's incipient hospital was destroyed.

We acknowledge with much pleasure the receipt of two important medical works in Chinese. We are much indebted to Rev. J. C. THOMSON, M.D., for a copy of YAU'S History of Vaccination, illustrated, A HEQUA, or "Dr. LONGHEAD," took up the art in 1806, and this work is by a descendant of the third generation, who still practises it in Canton. We are also in receipt of Dr. P. Manson's translation of Curling's treatise on The Diseases of the Testis, published in 1874. Both works shall receive fuller notice in due time, and they, with any others we may receive of a similar nature, will go to help form the Medical Library which Dr. BOONE has suggested.

We have all enjoyed at some period of our lives the interesting occupation of picking up shells upon the sea-shore. But many of our readers may be unaware that the Chinese enter with zest into the same pastime on the plains of Chihli; though gathering "shells" on the Chihli plain is evidently much more exciting than the very tame occupation of our childhood, Indeed, there is an element of danger in it which to the adventurous spirit might prove almost equal to that of tiger-shooting in the jungle. In another column Dr. MACFARLANE relates the case of a man who lost a leg while pursuing this fascinating pastime, but, nothing deterred by so unfortunate an experience, six months later he is found needing the surgeon's skill to relieve him of an arm, likewise the result of devotion to his favourite amusement. It is not always true, evidently, that "the burnt child dreads the fire," for certainly here we have an exception.

We are all familiar with the strange coincidences so often occurring in medical practice. Who can explain them? Here is an example. On the same day there came into a mission dispensary, almost in succession, two men, each of whom had a fatty tumour, the size of a child's head, situated on the right buttook. The size and site certainly not common, yet here in one day are almost identical cases.

Dr. D. CHRISTIE writes, July 14th, from Moukden:—"I am very busy just now over the building of a new Hospital. I experienced some difficulty in getting a good site, but a few weeks ago secured a most

suitable one. Hitherto we have laboured under a good deal of inconvenience from want of accommodation, but hope soon to be supplied with a well-equipped Hospital."

We clip the following from The Chinese Recorder of August;—Dr. RUSSELL WATSON, of the Baptist Mission, Tsing-Cheu Fu, Shantung, writes:—"At present we are going 'dead slow;' have moved into our new compound, with dwelling-house, two-storied hospital and dispensary, all convenient to each other. Will be in full work again in the autumn."

We learn from the home papers that Miss MAY E. CARLTON, M.D., who pursued a post-graduate course in New York City, has been appointed to the Woman's Hospital Nankin, and was to leave America in September.

Among the recent graduates of the Woman's Medical College in New York City is KIN YAMEI, a Chinese girl, who had taken the highest position in the class.

We must not omit to note the arrival in Japan of Rev. Heney Martyn Scudder, M.D., D.D., as a volunteer missionary. His father, the Rev. John Scudder, was for many years a missionary to India, and he himself and several of his brothers have also been missionaries in that land. Several of his own children, and the children of his brothers, are abroad as missionaries. One son and one daughter are stationed at Niigata, on the North-western shores of Japan, and it is to join them that Dr. Scudder has resigned the pastorship of a large Congregational Church in Chicago.

We learn with regret of the failure of Dr. Pray's health, and of her return to America. We can ill afford to have our number so reduced, but will hope that her place may be speedily filled. The Ven.

Archdeacon Wolf, of the Church Missionary Society, writes of her, though her connections are with the Methodist Episcopal Mission: "Dr. PBAY's departure is a great loss to this place, and it is feared she will not be able to return."

The last number of the Medical Missionary Record of New York contains a portrait of the late Dr. OSGOOD, of Foochow, and a well-deserved tribute to his memory. He was called away in the prime of life and in the midst of his usefulness. During the short period of his service he had made for himself a name for earnestness and devotion to his work, which secured the confidence and respect of the natives and the admiration of Europeans who were witnesses of his unselfish devotion to the welfare of his patients. In the translation of GRAY'S Anatomy he has left us a valuable work, and an earnest of what he would have done had his life been spared.

Dr. PARRY, of the China Inland Mission, writes from Ch'entu, Szechuan, that he has "already found an open door to several official families, in this great city, and a good number are attending the dispensary twice a week. There is a church of thirty members here, and we are hoping for much blessing." Dr. PRUEN, of the same Mission, writing also from Ch'entu says, "We have opened a new house for our Mission in this city near the Manchurian Garrison, and so are having crowds of visitors. The Gospel is being preached, and I am seeing patients twice a week."

Though a little late in doing so, we must not omit all notice of the kindly recognition of the Medical Missionary Work of Dr. J. THOMPSON, of Petchaburi, Siam, by the enlightened and progressive King of that land. At an interview granted the missionaries of Petchaburi early in February, "The King first of all expressed to Dr. THOMPSON his gratitude for his services to the wound-

ed sailors, and then for his medical work among His Majesty's subjects, assuring him of future aid, urging him to carry on the work to the best of his ability, and exhorting him to train a native force in medicine."

We learn that a passenger by the steamer Abyssinia, due next week, is a Chinese lady, Miss Y. MAY KING, M.D., who has been in America for some years studying medicine. Dr. King graduated at the head of her class in May 1885 at the "Woman's Medical College of the New York Infirmary," and has since pursued special post-graduate courses in Philadelphia, Washington and New York, and has served as resident physician for some months in the New York Infirmary and in the Children's Asylum at Mt. Vernon, near New York. She has had unusually good advantages, and has established already a high reputation for ability and thorough acquaintance with her profession. She is also a skilful photo-micographer, and has been elected an honorary member of the Washington Microscopical Society. Dr. KING was brought up as an adopted daughter in the family of Dr. D. B. MCCARTEE, for many years a medical missionary of the American Presbyterian Church in Ningpo, and afterwards Professor in the Imperial College, Tokyio, Japan. Dr. and Mrs. MCCARTEE, on returning to the United States some years ago, gave Miss King every advantage of education and improvement, and they now accompany her to her future home [Amoy] where she is to be connected with the mission of the Reformed Church as Medical Missionary. MCCARTEE and Miss Dr. KING will no doubt visit the hospitals for Chinese in Hongkong, Canton, and Fat-shan, where we bespeak for them a cordial welcome. -China Mail.

The New York Medical Missionary Society has now become the "International Medical' Missionary Society," electing a number of additional Managers and putting on its Advisary Board, among others, the names of Dr. J. C. HEPBURN, of Japan, Dr. J. G. KERR, of China, and Dr. C. R. BACHELOR, of India.

The "Alice Memorial Hospital" at Hongkong, under the care of the London Mission. the foundation stone of which was laid June 3rd, 1886, was opened" to the sick of all creeds and nationalities, February 17th, 1887. The name is given in memory of the wife of Dr. Ho Kal, who undertakes the expense of building. The London Missionary Society contributed some \$14,000 for the site, which cost \$22,000, and Hon. E. R. BELILIOS contributed \$5,000 for the purchase of medicines, while Dr. CHALMERS and others collected considerably more. To it the services of Drs. Young, Manson, Hartigan, and JORDAN are given gratuitously. It is expected after a time to open a clinical school, and to train students for three years in the various medical branches of European practice. - China Mail.

We see by American papers that Dr. ELLEBS (now become Mrs. BUNKER) is physician to the Queen of Corea, at a salary of \$18,000.00 a year.

#### MARRIAGE.

At Seoul, Corea, July 5th, Miss Ellers to Rev. D. A. BUNKER.

#### DEATHS.

At Nankin, August 24th, the infant Son of Dr. BEEBEE, of the Meth. Epis. Mission.

At Shanghai, September 19th, the infant Daughter of Dr. G. A. STUART, of Methodist Episcopal Mission, Wuhu.

### ARRIVALS.

At Amoy, July ----, Miss Y. MAY KING, M.D., for the Dutch Reformed Mission.

At Shanghai, Dr. D. E. OSBORNE and wife, returning to the mission of the A. B. C. F. M., Shansi,

#### DEPARTURE,

From Foochow, September 1st, Miss S. PRAY, M.D., of the Methodist Episcopal Mission, for U. S. A.

## The China

# Medical Missionary Journal.

## EDITED BY

	J.	G.	KERR,	M.D.,	Canton.
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- J. K. McKENZIE, M.R.C.S., L.R.C.P., Tientsin.
- E. REIFSNYDER, M.D., Shanghai.

REV. L. H. GULICK, M.D., Business Manager, Shanghai.

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#### SHANGHAI:

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1887.

Vol. I.

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OF THE

## Medical Missionary Association of China.

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## NOTICES.

The Subscription Price for The China Medical Missionary Journal is Two Dollars a year. There are to be four numbers in each volume,

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Gulick, M.D., Shanghai, while Articles intended for *The China Medical Missionary Journal* may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.

# China Medical Missionary Journal.

Vol. I.

## DECEMBER 1887.

No. 4.

## THE INTERNATIONAL MEDICAL CONGRESS.

By Dr. H. W. BOONE, Delegate from China.

As the Medical Missionaries of China appointed me one of the delegates to represent them at Washington, it may interest them to have an informal report of that gathering. The medical men began to arrive in Washington on the 1st of September. Went to the Riggs' House, opposite the Treasury Building, to call at the temporary office of Surgeon-General Hamilton, of U.S. Marine Hospital Service, the Secretary-General of the Congress. The Head-quarters of the Secretary-General were at the Riggs' House during the meeting. All were kindly received and sent on to Willard's Hall to register, receive their certificates of membership, badge, and cards of invitation. The crowd increased, and on Saturday men from all parts of the known world could be seen in Willard's Hall and in the neighbourhood. The men who have lifted medicine to a higher plane by their efforts, were eagerly pointed out; introductions were sought, or offered, and a genial tone of friendly feeling prevailed. Washington is a beautiful city; and the members were scattered about-walking, riding, or driving, to see the sights. The Capitol, the White House, the Monument and grounds, the Smithsonian, the National Museum, Arlington, the Soldiers' Home, and many other points of interest were visited. The Army Medical Museum and Library were of prominent interest to medical men, and well did they repay the visitor. The collection is simply superb. Whether we examine the pathological specimens, the injuries to bones and joints from missiles (representing the history of the late war), the Anatomical preparations, the casts of different parts of the body, the collections of skulls, the collections illustrative of Comparative Anatomy and Physiology, or examine the collection of instruments, the microscopes, the instruments of precision, or any portion of this vast collection, we are struck with its superior nature,-the system, the order, the wise forethought which has brought this collection to such magnificent proportions.

It would take weeks, months, to master this Museum and to fully appreciate the value of the library. Suffice it to say, it was the admiration of all beholders. On Monday, September 5th, at 11 a.m., the entire body of medical men met in the Opera House. The upper gallery was reserved for the ladies. President CLEVELAND opened the meeting with a few well-chosen remarks. Dr. N. S. Davis, of Chicago, was duly chosen as President, and Dr. Hamilton as Secretary-General. A list of the Vice-Presidents and Officers was read and approved. Mr. BAYARD. Secretary of State for the United States, then made a most charming address of welcome. President Davis read the opening address. The different foreign delegates responded briefly, and the business began. The sections and their work were announced, as per programme already in the hands of the members. We were to have a general meeting in the Opera House every morning, when an address would be read. The meeting would then adjourn and the Presidents of sections would hold their meetings in the places allotted for their business. Your correspondent, while visiting other sections occasionally, gave the most of his time to the section on General Surgery, of which Dr. BRIGGS of Nashville, Tennessee, was the President. This was one of the largest sections; here could be seen assembled in one hall men whose honored names were famous throughout the whole world. Most of the papers read were of a high order of excellence. Those on the surgery of Gunshot Wounds of the Abdomen, on the surgery of the Hip Joint, and on Brain Surgery elicited the greatest amount of discussion. The discussions of these and of other papers were among the most interesting and attractive features of the meeting. Your correspondent soon discovered that the meeting was for purely Medical and Surgical business. During the hours of meeting nothing else was wanted; he therefore joined in the debates when he could say anything of interest touching surgery in China which would bear on the topic under discussion, and was kindly received by the audience. Out of business hours the members showed an interest in Medical Missionary work, were quite willing to talk and hear about it, and to examine our Journal and Photographs of work done in China. Your delegate received invitations to visit nearly every important city in the United States and some in Europe, and was promised a hearing on Medical Mission Work in China. The various sections were well attended, and many papers of high interest were read and discussed by those specialists whom they concerned. The meeting was held so early in September that nearly everybody of any note in Washington Society was out of town. Congress was not in session. Those who remained in town made up by their lavish hospitality for the absence of others. A Conversazione at the noble "Pension Hall," was held on Monday night. This building has a vast Central Hall surrounded by galleries. Brilliantly lighted with electric lights, draped with the flags of all nations, adorned with plants and flowers, it presented a striking appearance. Suffice it to say, that 6,000 promenaded or sat listening to the strains of music from the band without crowding the spacious building.

On Tuesday night the President and Mrs. CLEVELAND received the members of the Congress at the White House. At 8 p.m. precisely the great doors were thrown open; the superb band of the Marine Corps struck up a lively air; and we entered. Passing through the entrance hall, we turned to the cloak-room at the right hand, then across the Central Hall, decorated with the portraits of the former Presidents of the Republic. We then passed through one room into the Red Room. Our names were called by two army officers in full-dress uniform, and we shook hands with the President and Mrs. CLEVELAND. They had a word for nearly all the foreign members of the Congress. The crowd passed through several handsome rooms into the great banqueting hall, where chairs were placed for the ladies. The conservatory was brilliantly lighted and was a favourite resort. From this reception many of the members and their families visited the Corcoran Art Gallery, which was thrown open to them. On Wednesday evening, dinners and receptions were given by senators, members of Congress, the Surgeons-General of Army and of U.S. Hospital Marine Services. Commissioner DUET entertained a lawn party, while some of the members enjoyed the hospitalities of the Clubs. On Thursday evening a Grand Banquet was given to the members and their friends at the Pension Hall. On Friday evening the Foreign Members were entertained at "Grasslands," the country house of Secretary WHITNEY, the Secretary of the Navy. On Saturday the Foreign Members of the Congress visited Mount Vernon and the tomb of Washington. They were conveyed on U.S. men-of-war, placed at their disposal, while the American members of the Congress went in the ordinary river-steamers. As we broke up, parties were arranged for Niagara and other points of interest, the R. R. Companies offering reduced rates to all the members of the Congress. The whole meeting was thoroughly enjoyable; an air of friendly good feeling prevailed; many new friendships were formed, while every day old friends and class-mates; who had not met for a quarter of a century or longer, clasped hands and renewed their youth in the reminiscences of the past. Much intelligent interest was shown in the subject of medical mission work; it was generally approved of; many questions were asked about it; and your correspondent has reason to believe that the work done for this cause at the meeting by Dr. George Post, of Syria, and the few other medical missionaries present at the meeting, will bear good fruit in due season. The fact that two medical missionaries, Dr. Post and your correspondent. were placed on the Committee to arrange for the next meeting of the Congress, shows that we were fully acknowledged and welcomed as a part and parcel of the Great Medical Fraternity.

LOGUST GROVE, KENT Co., Md.

September 15th, 1887.

## THE STEARATE OF LIME AS A SURGICAL DRESSING.

By A. P. PECK, M.A., M.D.

WHEREVER cheapness combined with efficiency becomes as much of a desideratum as it does in the conduct of our Mission Hospitals, where we have to use such quantities of supplies, the introduction of an article combining both qualities in a marked degree may be a real service, especially when it may be prepared from materials readily obtained and by the regular staff of assistants.

This must be my excuse for calling attention to the substance known to engineers as the Stearate of Lime, and sometimes used for the waterproofing of brickwork.

The name is not inappropiate, for although as ordinarily made it is not with stearic acid alone, yet, as a fat should be selected which is composed in as large proportion as possible of stearine, with minor proportion of alcine or even margaine, it may fairly be called a stearate, without captious criticism.

As it is not an article of commerce, it becomes necessary to make it; this, however, is easily done, as I hope to show in the following note on-

## The Process of Manufacture.

Take of fresh, burned lime in lumps, ninety catties (90); of beef-suet, chopped fine, twenty catties (20); boiling water, a sufficient quantity.

As beef-suet may not always be readily obtainable, one may substitute here in the north the tallow-chandlers' cakes of mixed tallow, as prepared for the candle manufacturers. The quantities given above are more than can be easily manipulated in the largest of the iron food-kettles; a small kong, or half barrel, may be used; smaller quantities may be manipulated, but the quantity of lime should not be too small, else the heat generated by the slacking may not suffice to complete the reaction. To the quicklime the boiling water and the fat are rapidly added, and the boiling mass continually stirred. This is very important, both to insure complete mixture and extinguishment of the fat, and to avoid burning the latter. Enough boiling water should be added to bring the mixture to a creamy consistence, and the stirring should be continued until it is somewhat cooled and no pellicle of free fat can be seen floating on top.

The surplus water is then to be evaporated—a little drying in the store oven or exposure to the sun will be sufficient—and the result will be a soft, white powder, which has lost the harsh alkaline feeling of lime, but is unctuous to the touch, like the cleate of zinc.

It is evidently an insoluble lime-soap, similar to that found in the Linimentum Calcis, and practically a stearate.

## Surgical Uses.

This preparation has replaced to a large extent in my practice the oxide and oleate of zinc, as very many of the cases of cutaneous disorders yield to it as well as to these more expensive drugs; and yet it is often mixed with those mentioned, with bismuth, or iodoform, etc., combinations according to the nature of the case, such as would readily occur to any surgeon.

It seems to us unavoidable in our circumstances to give out a great deal of medicine, to be taken to their homes, to patients whom we may have seen but once or twice, or even not at all. This preparation often serves us excellently in appropriate cases, in this way:—for instance, a routine treatment in purulent otites is to give a package of this powder, with instruction to have it blown into the ear through the little reed tube of the spinning bobbin found in almost every home, and in the majority of cases the discharge is stopped without any further treatment; if not successful, the surgeon must take the case in hand in person.

Although it is often preferable to use it dry, as we have learned to do nowa-days with most surgical dressings, still I have often used it to advantage mixed
with oil, vaseline, or lard, and it certainly lends itself to the formation of an
ointment quite as readily as any of the substances commonly used.

As a dressing of operation-wounds, absorbent, and diluent of various antiseptics, it also fills a useful purpose, and will, I hope, prove as serviceable to all who may use it as it has to the present writer.

WILLIAMS' HOSPITAL,

P'ang Chuang, Shantung.

# AN ANGLO-CHINESE STANDARD VOCABULARY OF MEDICAL SCIENTIFIC AND PHILOSOPHICAL TERMS.

By H. T. WHITNEY, M.D.

A question of considerable importance is now facing medical missionaries and others who give instruction, through the medium of the Chinese language, in Medicine, Chemistry, Botany, Natural Philosophy, Geology and Biology. It is a question of how we can convey right ideas in the most accurate, concise, and rhythmical form. This is the aim, or should be, in all languages. Every-

thing else must first give way to accuracy. The second object is to convey accurate ideas in as few words as possible. And if, in addition, we can use rhythmic language, we have attained the perfection of form in teaching.

The proper use of language, then, is to convey accurate ideas to others, which, in other words, means, to give instruction. And the drawing out of another's ideas, clothed with appropriate words, constitutes the process of education of one by another. Medical missionaries and other teachers are called upon to fill both these relations with their pupils. Consequently, the application of the above principles to the subject in hand will be readily seen upon a moment's reflection.

Perhaps there is no language better adapted to convey simple ideas than the Chinese, though it is not capable of conveying accurate ideas on all subjects, for it is manifestly very deficient in many realms of thought. Still, wherever it can be used, it can be generally employed accurately and with a good degree of conciseness, and, in many cases, rhythmically. But its great deficiency for conveying Western ideas, coupled with our ignorance of how it might be used in many more ways than it is, make it necessary to consider the question of proper terms.

Three methods have usually been employed in providing terms. The first method is to use the native terms as we find them,—as rhubarb, yeast, vinegar, etc. The second method consists of uniting one or more characters to indicate the simple elements of which any substance is composed; and also, by combining numerals with the character, the degree of oxidation and the atomic combination is also indicated. This method is essential in providing proper chemical terms. The third method consists of a phonetic transliteration of foreign terms, without conveying any idea of their meaning. It is the same as it would be to transliterate into English from a foreign language any term for which the English had no equivalent.

The first method might be called "original," because we take the original term as we find it. The second is properly the "chemical method," and the third the "phonetic method."

There are, of course, difficulties in the use of each of these methods, but there is no uniform system by which this term-making can be regulated. Hence we are shut up to the three methods named above. The original method is by far the most practical, and should always be adhered to if possible, though it has not been in a large number of instances where it might have been. The Chemical method is very essential in Inorganic Chemistry, and, to some extent, in Organic Chemistry. The Phonetic method, on the other hand, ought never to be employed except in special cases for the sake of brevity, or when neither of the other methods can be used to advantage.

But if we apply these rules to the vocabularies now in use, we shall find them sadly defective in the "original" and "phonetic" methods. This whole field, therefore, ought to be carefully reviewed by competent scholars familiar with Chinese,—correcting, revising, arranging, and enlarging by the addition of scientific and philosophical terms, to supply the need in fields kindred to Medicine. There is but little advantage to be anticipated from any detailed discussion. We all know that the vocabularies now in use are defective; and the main object should be to eliminate the defects as far as possible, make needed additions, and combine the whole in one standard volume, which could be had for ready reference by those engaged in teaching or translating, etc.

The responsibility of a work of this kind properly belongs to medical missionaries, because it affects them more than any other class; they being the most
numerous of those constantly in need of these terms; and as we now have
an Association, it seems proper that it should take up this work and carry it to a
successful issue. But since what is everybody's business is nobody's, I would like
to make a focusing move by suggesting that a Committee, of say five, be chosen
by the Association to undertake this work, and bring in a majority decision
which the Association shall accept as final and take measures to have published.

The decision, of course, would embrace a revised, enlarged, and corrected alphabetical list of all the preferred terms of the Committee. Also, in their appropriate places, would be written all the non-preferred terms that have been and are still in use,—As, for instance, nitric acid (which has no less than five different names in Chinese), would have first the preferred term with the others following. An arrangement of this kind would enable any one to see at a glance all the terms ever used for any one thing, and which one was now preferred.

The convenience and utility of such a work can hardly be overestimated. And yet, perhaps, the Association may not wish to undertake it; and for this reason I have expressed my own views, and hope the other members will do the same. And as things move slowly in China, it may not be too early to suggest now the names of those whom it would be desirable to constitute a Committee in case the work was undertaken by the Association. For one, I should be glad to vote for Dr. J. G. Kerr, of Canton, for Chairman; John Fryer, Esq.; of Shanghai, Dr. J. Dudgeon, of Peking, Dr. B. van Someren Taylor, of Fuhning, and Dr. S. A. D. Hunter, of Chefoo.

The June Number of this Journal solicited the discussion of Chinese Medical Terms in its columns, and it seems to the writer that the plan proposed above promises the greatest and most practical results. A discussion in detail of single terms, or picking vocabularies to pieces piecemeal, would tend to gender strife and create hard feeling—the very result we wish to avoid. Our clerical brethren have "discussed" a "term question," with not very flattering results, and medical missionaries need to be careful. A few competent persons can discuss and settle such matters far more satisfactorily than the many. Let us choose some "deacons" to "serve tables" while we continue in our appointed work.

## THREE CASES OF STRICTURE OF ŒSOPHAGUS.

By Dr. R. COLTMAN, jr., M.D.

This is one of the rarer forms of disease, and having met three cases within a week the past summer, I feel called upon to report them. In the United States, during attendance upon four years' clinical lectures, I recollect but two or three cases of strictured esophagus, and they were nearly all due to the ingestion of lye, sulphuric acid, or other corrosive poison, swallowed by mistake. Knowing, however, that Cancer and Syphilis are causative of the disease, helps considerably in a diagnosis. The following cases were treated at the Wei Hsien Dispensary, by Dr. Hunden, last summer, during my residence there.

Case I.—Man, æt. 37, brought to the hospital on a stretcher, being unable to walk or even stand. He had not eaten nor drank anything for six days, and was in a condition of great exhaustion, voice feeble, tongue flabby, coated, and trembling. Dr. Hunter diagnosed the case correctly, and having failed to pass a bougie, requested me to see him. Upon questioning him, I elicited the fact that he had formerly had a venereal sore, though, as far as we could learn no secondary symptoms. Thereupon we agreed to try specific treatment. The mose condary symptoms on urishment, as our patient was nearly starved. I succeeded in passing into the stomach, with considerable difficulty, a tube of a stomach-pump, and through this we pumped into him a pint or more of warm condensed milk containing grs. 10 of Potassium Iodide.

The passage of the tube revealed the fact that the stricture was an inch or two above the cardiac orifice and of considerable density. A great quantity of yellowish tenaceous mucous followed the tube when withdrawn.

The tube conveying nourishment and medicine was introduced three times daily. After the second day the resistance was less and less marked upon each passage of the tube, and in a little over a week the man was able to swallow comfortably. From this time on his improvement was very rapid, and in two weeks he went away, taking a good supply of medicine, but promising to return in a month for examination, which, with Chinese customary regard for truth and gratitude, he failed to do. The medicine used was Potassium Iodide (grs. 10) three times daily.

Case II.—Man, set. 55, tall, thin, and emaciated, walked to the hospital. Stated he had been unable to swallow food for two days. We gave him a cup of tea, and upon attempting to swallow it was regurgitated back into his mouth. He reported that last year he had had a similar attack, lasting two or three days, which disappeared without treatment. Introduction of the

stomach-tube revealed a stricture opposite the sixth dorsal vertebra. It was more resisting than in Case I, and the forcible passage of the bougie gave considerable pain. Same treatment was followed as in Case I, but the result, though good, was not as rapid or as permanent as in the previous case. Patient denied having had syphilis.

Case III.—I did not see this case but once, but got the history from Dr. HUNTER. Symptoms much the same as in Case I, but patient denied any venereal disease. Passage of bougies in increasing sizes soon gave him relief, and Iodide of Potassium worked wonders, so that he was discharged cured.

Remarks.—I regard Cases I and III as syphilitic in origin, and their rapid improvement and apparent cure under Potassium Iodide seems to warrant that view. In regard to Case II, I am inclined to think it Spasmodic. These cases all bore the Iodide well, which disagrees with my previous experience in the Chinanfoo Dispensary. I have produced Iodism in several cases by 5 grs. of Iodide of Potassium three times daily. The Chinese appear to be remarkably susceptible to Iodine. Dr. Hunter has remarked the same thing; and I would like to hear the views of our brethren in the south upon this subject. In giving Iodide of Potassium, I always dilute it well with water, and do not see much evil effects in the stomach, but it produces unpleasant frontal headache and painful acne. This is possibly due to the fact that many of the Chinese in this locality are already anemic and living upon poor food. Syphilis is very prevalent here, as, I suppose, it is in all the large cities.

CHINANFOO,

October 21st, 1887.

# CASE OF CONGENITAL UNILATERAL SKIN DISEASE AFFECTING THE RIGHT SIDE,—(Papilloma Neuroticum.)

By B. COUSLAND, M.B.C.M.

NG, A Suar, aged 24, agriculturist, from the Hakka village of Tsâi-thân, in the district of Hwei-lai, Chao-chow-foo Prefecture, Province of Kwangtung.

As an infant, a few dark tubercles were remarked on his neck and on the anterior border of the axilla, but it was not until he was two or three years old that his parents noticed the dark markings on the body.

The Family History is fairly good. His five brothers and sisters have nothing whatever the matter with them. His mother, he says, is sometimes "out of her mind," and a distant relative was "mad" last year but is well now. There are no cases of Leprosy or Elephantiasis in his village. Ague, Tertian and Quartan types, is fairly common. As a child, he had sometimes Asthmatic attacks.

The Blood was examined for Filariæ, with negative results. Examination of the various systems and organs revealed no abnormality. The skin and tendon reflexes were present and equal on both sides.

Distribution of the Eruption.—On the Face there is a line of tubercles from the angle of the jaw to the Tragus, and in front of the ear there is a small group. At the corner of the mouth there is a small patch, and from it a faint line extends to the angle of the jaw. In addition, there are groups over the Malar bone, eyelids, lips and nose; the chin, forehead and middle of the nose being unaffected.

On the lateral aspect of the Neck there are several patches of black, pedunculated papillomata, the larger growths being about the size of barley-grains. Just in front of the anterior edge of the Trapezius muscle is a large, raised, oval excrescence, soft and moist, and presenting a compound canliflower appearance. It was owing to this growth being constantly injured by the carrying-pole that he came to the Hospital for treatment.

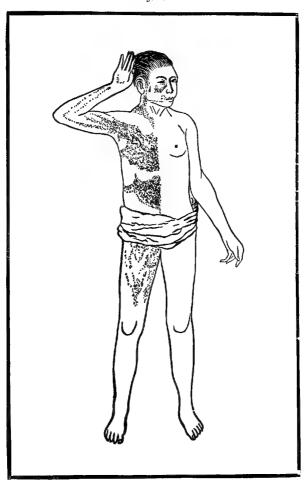
On the anterior fold of the Axilla is a larger, somewhat triangular mass of the same lobulated character. From it a line of papules extends in a comparatively straight line to the Styloid process of the Ulna, passing an inch in front of the inner condyle of the Humerus. The breadth of this line varies from an inch to half-an-inch or less. Springing from the same origin is another most exattered line which slants off to the middle of the elbow, where it ends. In the forearm there is yet another band, running from the elbow parallel to the ulnar one, a little to its radial side, and ending on the anterior surface of the inferior extremity of the Ulna. Reference to Fig. I will show these lines and also the affected areas on the trunk much more clearly than any written description.

On the Trunk there are two large patches. The Pectoral one extends in depth from the fourth to the seventh rib, and from the middle line anteriorly to the anterior fold of the axilla.

Here the lower part of it splits into two, the upper division going round to the back at the level of the seventh and eighth ribs, while the lower takes a semicircular dip down to the tenth rib, and then rises again to end on the middle line behind at the level of the sixth dorsal vertebra. From this pectoral patch a band of tubercles extends up the Sternum and along the right Clavicle.

In the abdominal patch the papillary growths are much more closely aggregated than in the last-mentioned one, and the colour is therefore darker. It lies mainly in the right halves of the Epigastric and Umbilical regions, and stops at the middle line anteriorly in an extremely sharply defined Margin,

Fig. I.

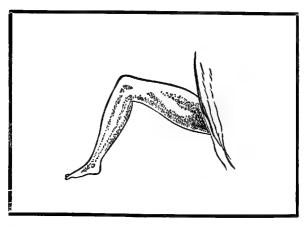


The patches in the above wood-cut, on the neck and axilla, are not adequately represented; they should have been drawn as large, black masses. There were no warts on the palm and upper-lip, as the diagram might lead one to suppose; the line of the palm and upper-lip should have been qubroken.

exactly half of the Umbilicus being affected. From this, as a base, it tapers upwards and towards the right to the level of the eighth rib in the anterior axillary line, when it sweeps down as a broad band to the twelfth intercostal space, which it follows to within a short distance of the spinal column. From the abdominal patch a few scattered elevations extend down to the Pubes near the mesial line. On the Back a line of papillomata straggles down from the anterior superior edge of the Trapezius to the fourth dorsal spine.

Lower Limb.—The anterior surface of the upper half of the thigh from the great Trochanter to the Scrotum, the right half of which is affected, is covered with irregular groups, which are larger and darker towards the Pubes and grow smaller and fainter as they disappear just beyond the middle of the thigh. Starting from the Pubes, a well marked band, three inches in width, passes down the adductor surface to the hamstring tendons, where it divides into two, the posterior division curving backwards over the inner belly of the gastrocenmius and uniting with the other three inches above the internal malleolus, on which the reunited band terminates (see Fig. II). A second row extends from the inner side of the head of the Tibia to the dorsum of the foot, where it ends in a well marked patch on the internal and middle Cuneiform bones.

Fig. II.



The Type of the eruption is distinctly papillomatous. The single elevations resemble ordinary warts in shape and character, but nowhere are they hard or dry. The affected parts are moist, cool, almost velvety to the touch, and, according to the patient's statement, perspire like the normal skin. The

proportion of hairs, too, seems normal. The warts have a tendency to become dark in colour, and the lobulated masses are almost black. Sensibility to touch and temperature is unaffected except in the two large excrescences, where it is diminished. These excrescences, on excision, proved to be made up of pedunculated branching lobules, closely packed together and springing from a comparatively narrow base.

The tubercles on the neck all show a tendency to be pedunculated, which was not manifested elsewhere, explainable, perhaps, by the absence of pressure from the clothes. On the limbs and trunk the units are small, flat and sessile. The disease seems to have been almost stationary, and increased but little since he was a boy.

Microscopically, sections of the excised lobules, stained with Picrocarmine, presented the usual appearances of a papilloma,—a branching fibrocellular basis supporting many-branched enlarged papillæ, the Rete Malpighii and stratum granulosum much hypertrophied and covered with a thin, horny layer.

The case is evidently an example of the rare form of papillary disease which has been called "neuropathic papilloma" or "papilloma neuroticum," but as the descriptions of previously recorded cases are inaccessible to me, I am unfortunately unable to compare it with them. The nervous relationship of some of the affected areas is not quite obvious, perhaps, but the general agreement of the lines and patches on the arm, leg, and trunk, with the Internal Cutaneous, Internal Saphenous and Intercostal nerves respectively, is sufficiently apparent.

## ENGLISH PRESBYTERIAN HOSPITAL,

Swatow, October 8th, 1887.

<sup>\*</sup> DUBRING, Diseases of the Skin, 3rd Ed. p. 392.

## STUDIES WITH THE MICROSCOPE.

## I .- A Few Words about the Mosquito.

It would repay the busy practitioner to give but a half-hour a day, at the microscope, to the study of such insects as the mosquito and flea. A half-hour would not suffice for elaborate study, yet would furnish such information as would be of benefit to patients suffering from the stinging punctures made by these little animals.

In the common mosquito the eyes are compound and are situated on the side of the head, and present more than three hundred rounded corneae. The female alone has the wonderful puncturing apparatus. The proboscis, which is placed on the head, between and below the eyes, is composed of seven pieces—the mouth-organs.

The tubular canal, in which the lancets are lodged when at rest, is visible without the aid of the microscope, and is traversed by a longitudinal slit throughout its entire length.

The puncturing apparatus consists of a pair of blunt-pointed, a pair of lanceolate, and a pair of serrated, instruments. The two lance-shaped, one of which is the analogue of the tongue, are each pierced by a delicate canal; while the saws, or mandibles, have two rows of teeth, which occupy about one quarter of the length of the shaft. These teeth are so placed that one row turns up and the other row turns down; the insect is thus sure to wound when she punctures the skin, and to inflict another when she withdraws the lancet.

When these instruments of torture are plunged into the blood-current of a patient suffering from Elephantiasis, it is against these saw-like lancets that the embryos of filariæ impinge.

It was thought at one time, that mosquitoes injected a poison when piercing the skin, thus causing a certain amount of irritation, but this is now supposed to be accounted for by the deep penetration of the lancets into the cutis vera.

#### II .- The Air We Breathe.

During a recent sand-storm at Foochow, a microscope-slide was exposed for a night. The storm was not heavy enough to cause inconvenience to the eyes, but was quite perceptible on the horizon. The slide was placed upon the riverbank, at an elevation of 20 ft. above the surrounding country, and the dust-laden wind first crossed the river (about  $\frac{1}{4}$  of a mile in width), and may be supposed to

have become somewhat purified in so doing. Upon examination the slide proved to contain the following:—

- 1.-Hair.
- 2 .- Minutely divided sand-particles.
- 3.-Diatoms.
- 4.-Fibres of Wool.
- 5.-Fibres of Cotton.
- 6 .- Spores of Plants, in large quantities.
- 7.-Woody fibre.
- 8 .- Claws of insects.
- 9.-Dried fungi, entire, resembling leafy plants.
- Objects similar to the fully segmented eggs of nematoid worms, in great number.
- 11.-Flea-egg shells.
- 12.-Pollen grains.
- Colored objects—yellow, brown and blue—with various amorphous unknown matter.

# ON THE USE OF TRAINED MEDICAL STUDENTS TO THE CHURCH, UNCONNECTED WITH THE MEDICAL MISSIONARY.

By B. VAN SOMEREN TAYLOR, M.B.

I FREELY admit that, when I first began to train medical students, it was with the idea that the Church would employ such men, paying them a certain salary, and providing them with medicines from foreign funds; the men to devote their whole time to medical evangelistic work. This plan has been found to work well in India. But as years have gone on, and I have learnt more of Chinese character, and of the methods of mission work, I have begun to doubt whether such a plan would really be beneficial to the Church in China in its present stage. Of course, by the term "Church in China," I refer to that portion of it with which I am connected in this particular Province. That a time may come when the native Church may see its way to invite such men to take up such work, I doubt not; but that time has not yet come, and until it comes, I think for us foreigners to attempt it, would be unwise. This may seem strange to some, but

we must bear in mind that, methods which work well in one country may not work well in another.

My object in writing this paper is to point out, what I believe to be, the drawbacks connected with such a scheme, and to endeavour to indicate how natives who have been trained in medicine, may be made use of to the mission.

The question of funds presents the first difficulty. Let us presume that the sum needed for medicines amounts to \$200.

The sources from which we foreign medical missionaries derive our income are, a grant from the Home Board and private Contributions, chiefly subscribed by the foreign community, provided, of course, that there is a foreign community to subscribe. Now, I greatly fear that if we went to the Home Board with an application for an addition of \$200 for medicines to be distributed gratis by a native, we would be informed that the funds did not allow of such expenditure; nor do I think it likely that the foreign community would be willing to increase their subscriptions for such an object. But let us suppose that the funds were forthcoming. We have to consider,—Is the plan of handing over \$200 worth of medicine to a Chinaman, to be distributed gratis, really a wise one?

I thoroughly agree with Dr. Mackenzie, when he says, "We must disabuse "ourselves of the notion that the sick Chinese are eagerly seeking the benefits of "Western medicine. They look with distrust and suspicion upon the foreigner and "foreign-trained native alike." I believe the number of patients that such a man will have is likely to be small. The fact that he is an agent of the Christian doctrine is against him. Nor is the fact that he distributes medicine free, in his favor. I do not think the Chinese appreciate medicine because they get it for nothing,—rather the reverse.

We must also take into account the effect upon the native Church of such expenditure. Do we not know perfectly well that the natives regard us as the possessors of great sums of money, and though we assure them that we are not, yet we do not convince them. Would not the giving of \$200 worth of medicines tend to increase their belief in our unlimited resources?

I feel strongly that the less money the natives receive from us the better, and therefore I feel that the handing over of such a sum would have a bad effect on those whom we regard as Christians.

Nor is the question of obtaining proper men, men fit for such work, without difficulties.

I do not wish to be thought uncharitable, but truth compels me to say, that I do not know of one man in the mission with which I am connected whom I could trust with such a sum for such work.

That the Lord of the Harvest will thrust forth fit labourers into the harvest field, I earnestly pray; but till He does so, I prefer not to enter upon work without men in whom I have confidence.

There are two special temptations into which a man so placed may fall. The first is, Will he not privately receive fees,—or, as he may term them, presents,—which he will appropriate for his own use? Or, secondly, will he not carry on a little business on his own account with a private stock of his own?

It is a well known fact that catechists sell foreign medicines. Some missions not merely approve of this but obtain the medicines for the catechists; others however, forbid it,—but, although forbiddencit is done.

Now, if catechists, who have never studied medicine, and really know nothing of foreign treatment, sell medicines—and, of course, appropriate the profit for their own use, in spite of edict after edict by the foreigner against so doing—have we not every reason to believe that men who know something of foreign treatment, and having a dispensary in their charge, will do so too?

In medical mission work it is essential that there should be a bond of sympathy between the patient and the physician. Now, we are bound to admit, that sympathy is very often wanting on the part of those whom we employ in mission work. It is, I believe, due to the fact that these men regard themselves as somewhat superior individuals, as agents for the foreigner, and to the fact that they are sure of a certain salary, no matter how they behave, provided that they do not behave very badly. When I first opened my hospital here I soon discovered that the behaviour of the students was anything but satisfactory in this respect. They were injuring my work by their unsympathetic manner. Now, I admit, it is not so; but that it is not so is, I believe, chiefly due to the fact, that I will not allow any unkindness to be shewn to the patients, and also because they now realise that their future prospects in life will to some extent depend upon their behaviour to those whom they have as patients.

If a native be associated with a foreigner, and under his constant supervision, these difficulties considerably diminish in force, but unless the foreigner is prepared to go in heart and soul with the natives, I think it would be far better for him not to commence such work.

Can no use, then, be made of trained medical students in extending the work of the Church? I certainly think that they can be made of much use; that as unpaid workers they will be of more use than as paid.

Unfortunately, this selling of foreign medicine has somehow got into disgrace in the eyes of the foreign clergyman, chiefly due to the fact that a good many catechists, not to mention an ordained clergyman, have left the mission to open a foreign drug store; and also, because certain baptized Christian youths, who have begun to study medicine, and who have in certain cases been dismissed as unfit, have set up as Chinese doctors, or, at least, sellers of medicine, and have, after a time, left the Church. Therefore, the very fact that a man sells foreign medicine is synonymous, in the minds of certain clergymen, with being "a scoundrel and a scapegrace." But a careful investigation into such cases would,

I think, soon reveal the fact, that those who have brought disgrace upon the Church were by no means fitted to be catechists, or even to be baptized.

But let us assume that this selling of foreign medicine is beset with particular temptations; that a man who sells medicines is more likely to yield to temptation than a man who sells cloth, or who works in the fields. Should not that very fact call forth a deeper, a more careful, a more watchful interest on the part of the clergyman? I firmly believe that, if an interest were taken in such men, they would be found of much use to the Church.

What we want in mission work is, men who will work for Christ, unpaid for it; men who are well educated; men whom the foreigner really knows somewhat of. Now, if a man be associated with a foreign doctor, who has striven to teach him, he ought to be educated and known; besides, he ought to be able to make his own living, unpaid by the foreigner, and be willing to work for Christ unpaid. Such men will be almost certain to remain in cities. Is it not the case that mission work in cities has not been very productive of results? I cannot help thinking that this is so because much of such work has been left to paid agents of the mission; and the very fact that he is a paid agent causes him to be regarded with distrust. Now, such distrust will by no means be shewn to an unpaid agent. Moreover, a trained man will in all probability be able to reach quite another class of people, and a greater number of people, than if he were a paid agent.

If an interest be taken in such men by the foreign clergyman, if they be recognised as true workers, I feel sure that the native church would soon take some action in the matter. I think that they would willingly subscribe to rent a small house and furnish it with a few beds, where patients could reside for a time,—in other words, open a small hospital. Such a plan would be an advantage both to the native clergyman or catechist as well as to the native doctor. It would provide a good field for evangelistic work as well as enable the native doctor to more satisfactorily treat his cases. Or, such a plan might be tried on a self-supporting basis. Or, I think, another plan might be tried. Certain Christians might form a company, providing the capital, and invite a trained native to take charge of it; such a shop being used as a centre for mission work. Such a plan, I know, is being tried in our Church—not merely with medicine—but it has not been tried for long.

Thus have I striven to indicate my reasons for abandoning a plan of mission work employed in other countries.

Fun-Ning, Function.

## "THE HEAVENLY FLOWERS"

## (天花痘)

Otherwise called the "Bean-like Eruption" (出 痘) and the "Periodic Disease" (時 行 痘)

By Rev. J. C. Thomson, M.D.

"This is one of the nine Branches of Medicine recognized by the Imperial Medical College under the present dynasty, and was known in China in the 2nd century."—WYLIE.

"Small-pox was introduced into China in the first century, from the then foreign region of Hupeh, by the army of the renowned hero Ma Yūan."

"Small-pox arose in the north and came south during the Han period (B.C. 206-A.D. 220), called 'Hun-pox' because communicated by the Huns, the hereditary enemies of China. Still more precise is the statement of the Eastern (Korean) Precious Mirror of Medical Practice, that small-pox first appeared B C. 256-205. Indubitably, then, it made its first appearance (since history began) in the middle of the 3rd century B.C., whither it came from Mongolia; two-and-a-quarter centuries later it entered China from the south, regarded as a new disease, called the 'disease with bean-shaped pustules.'"

"The art of Incculation for Small-pox was first taught by a nun in the reign of Jen Tsung (A.D. 1023-63).—Correct Treatment of Small-pox.

"Evidently Inoculation was taught by some Thibetan monk who had acquired his art in India, where it appears to have been known in high antiquity."—Customs Med. Rep., Mar. 1884, Dr. Macgowan.

"Inoculation was practised in China before the 9th century."-WYLIE.

The Preservation of Infants by Inoculation is the title of a short treatise published by a Chinese physician. He supposes that small-pox arises from poison introduced into the system from the mother's womb, which is said to be proved by the occurrence of this disease but once during life. This poison is, in the Chinese system, associated with the principle of heat, and remains concealed till it is developed through the agency of some external exciting cause. There being thus a constant liability to this disease, it is very advisable that means be adopted for modifying its virulence. The means is found in inoculation, at such times and seasons as appear most advantageous, and when the system of the patient is in a healthy condition. The ancients possessed the knowledge of inoculating for (or planting) the small-pox; it has been handed down from the time of Chin-Tsung (Jen Tsung above) of the Sung dynasty (1014 A.D.), and was invented by a philosopher of Go-mei-shan, in the Province of Sze-chuen. The disease, when it

breaks out spontaneously, is very severe, and often fatal; whereas, when introduced by inoculation, it is generally mild, and casualties do not occur oftener than once in ten thousand cases. The author concludes his introductory remarks by saying, "to discard this excellent plan, and sit waiting for the calamity, is "much to be deprecated; it ought to be pressed upon the attention of all as a most "beneficial thing for their adoption; and all persons that have children ought to "confide in it, so that the lives of their children may be preserved." Ten rules are to be attended to:—

- "1. Regarding Variolous Lymph.—The lymph, or crust, may be rubbed down with a little water, and a piece of cotton wool, impregnated with the variolous lymph, introduced into the nostrils; or, by 'dry inoculation,' when the dry crust is reduced to powder and blown up the nose; or, the child puts on the clothes worn by one who has had the small-pox. After seven days, fever appears, and in three days more the spots show themselves, etc.
  - "2. Seasons .- The spring and autumn most favorable.
- "3. Choice of Lucky Days.—A lucky day should always be chosen. The 11th and 15th days of the moon must be avoided.
- "4. Management of the Patients.—Strict rules of management must be adopted in regard to heat and cold, and to diet, and avoidance of alarm or fright.
- "5. At the Time of Inoculation .- Child must be in health, and ought to be inoculated when one year old.
- "6. Restrictions.—Child's room to be clean, airy, and well lighted; excitement avoided, and child kept quiet.
- "7. Promise of the Eruption (or 'Sin-miau.')—Several pustules, suddenly arising on face before the fever, are evidence of the poison having taken effect.
- "8. Repetition of the Inoculation.—If fever does not appear after fourteen days, the inoculation may be repeated.
- "9. Mode of Action.—The inoculation must affect the viscera, and then fever commences. The nose is the external orifice of the lungs; when the variolous lymph is placed in the nose, its influence is first communicated to the lungs; the lungs govern the hair and skin; the lungs transfer the poison to the heart; the heart governs the pulse, and transfers the poison to the spleen; the spleen governs the flesh, and transfers the poison to the liver; the liver governs the tendons, and transfers the poison to the kidneys; the kidneys govern the bones; the poison of the small-pox lies hid originally in the marrow of the bones; but, when it receives the impression from the inoculation, it manifests itself and breaks out externally.
- "10. General Rules.—Inoculate when no disease present; use good lymph; proper time; good management,—and all will go well."

The retired Lew-lan, respectfully assenting to the Imperial decree, compiled the above very important regulations regarding inoculation, and placed them in

The Golden Mirror of Medical Practice. They have been discoursed upon, and revised with much care and attention, by celebrated physicians of later times.—LOCKHART'S Medical Mis. in China, p. 238.

Among the Mongols, inoculation is said to be practised by "blowing up the "right nostril in the boy and the left for a girl, a powder compounded of Thibetan "flowers, pearl dust, cuticle of the pox, and resin, which, within seven days, covers the body with pus pimples."—China Mail, May 18th, 1887.

"The general method of inoculation is, for the physicians to carefully collect a quantity of ripe matter from pustules of the proper sort, which, being dried and pulverized, is closely shut up in a porcelain jar, so as to exclude from it atmospheric air,—in this manner it will retain its properties many years,—and when the patient is prepared by aperient remedies, and dieted, and a lucky day chosen, a little of the variolous powder is sprinkled upon a piece of cotton wool and inserted into the nostrils. Blindness and sore eyes (as common in China as the practice of inoculation) may be owing partly to the insertion of variolous matter so near the optic nerve, to which the inflammation may extend."—Staunton's Embassy, II, p. 535.

"An expensive but infallible remedy for small-pox (and all diseases which arise from blood-poisoning, and break out in cutaneous eruptions) consists of white and red coral, rubies or jacinth, pearls, emeralds, musk, and one or two earths, in various quantities, crushed into powder, rolled into pills with gum and rose-water, and coated with gold-leaf."—Balfour's Chinese Scrap-Book.

"The Birth of TAU-SHIN-LIU-SZE, the Tauist goddess of small-pox, is celebrated on the 15th of the 10th month, and every official temple is said to have a shrine to the popular goddess."—Our Lady of the Small-pox.

 $\label{eq:Doolittle's} Doolittle's account of that worship is so good that we give it more or less fully:—$ 

"From the time when it is known that a child has the small-pox, until its recovery, there is more or less worship of some goddess of small-pox. On the third day after the pustules have begun to appear, it is a universal custom for one of the family to go to a baking establishment and procure ten small bits of Chinese yeast. These are steamed in the usual vessel for steaming rice belonging to the family. They soon begin to swell, and become several times larger than they were before steaming. These are then removed from the steamer and placed before the picture of the goddess, or whatever represents he majesty. The design of this operation is to cause her to exert her influence to have the pustules redden, fill up, and swell out, in resemblance to the swelling out of the balls of yeast when steamed. Two days after this, ten more of the yeast bits are procured, steamed, and presented before the goddess in a similar manner, and for the same purpose. After waiting two days more, ten bits of yeast are again treated in the same way. The most important and critical period

is said to be these seven days after the pustules first appear. On the 9th day, an offering is generally made to the goddess, designed as an expression of thanks for her goodness in case the pustules have filled well and the child is getting better. The offering consists of fish, meat, fowl, and vegetables. If the child should not be doing well on the ninth day, the thanksgiving is deferred; or if the child should have died, no thanksgiving is made. After the pustules have come out, and before the end of the seventh day, whenever it thunders some member of the family beats on a drum or gong, placed ready for use when circumstances demand. The noise produced in this way is kept up as long as the thunder lasts. The beater has some one to assist him, telling him when the thunder has ceased, as the beater of the drum or gong is unable to tell when there is no thunder. The object of this is to prevent the pustules of the smallpox from breaking or bursting, as some explain the custom. The ringing of the bell, or the beating of the drum, producing very familiar sounds, is designed to keep the lad from being frightened by the noise of the thunder, and from doing anything which would cause the pustules to break. Others say, that it is feared that the noise or the reverberations of the thunder will make the pustules sink down and dry up sooner than is desirable, and therefore they use the gong or the drum to counteract such a result. On the fourteenth day after the lad has been taken down with the small-pox, some one of the family procures a few black beans which have a small green speck upon them, and roasts them in the iron vessel used for cooking rice. After roasting these beans until they become brittle, they are placed before the goddess of small-pox. The lad who is the object of solicitude is placed in a sitting posture upon a large winnowing sieve, made out of bamboo splints. On the top of his head is then put a small piece of red cloth, and the parched beans are taken from before the goddess and laid upon this red cloth, whence they are allowed to roll off. The scars left by the pustules of this disease are thought to resemble somewhat this bean in their general appearance. The name for the bean, pronounced in the dialect of this place (Foo-chow), is identical in sound with the common name for the small-pox. This identity in name, and this similarity in appearance between the bean and the small-pox, have probably given rise to the ceremony above described, which indicates the strong desire that the pustules should dry up and become in appearance like the parched bean /..... The friends and relatives oftentimes send a present to express their sympathy and hopes that the scabs of the small-pox may fall off. The period for making this present, named the 'scabs of the small-pow falling off,' extends from the seventh to the fourteenth day after the pustules begin to make their appearance. If the child recovers, the family make a return present for their kindness, consisting principally of Chinese sandwiches. the end of one month from the appearance of the disease, if the child is well, the family make a thankoffering to the goddess of small-pox for her benevolent and powerful aid in restoring the child to health. The ceremony is oftentimes quite imposing, and the kinds of food presented numerous and of good quality. The poor are frequently able to make but a meagre thankoffering to the goddess, though it is probably as sincere and as kindly received as a thankoffering made of costly and numerous kinds of edibles.—Doolittle's Social Life of the Chinese, I., p. 154.

## CORRESPONDENCE.



#### AN OBSCURE CASE.

Boy, aged 13. Said to have been ill seven days. Began with severe pain in back and loin, also in legs and knees; but, as he never cried or screamed, does not seem to have been in great pain. No vomiting. Head hot. Very thirsty. Constipation the whole time. Constantly passing a little water, Seen by native doctor four days ago, who ordered a strong infusion of some native plant,-September 4th, 9 a.m. Lying on couch, trembling all over; twitchings; pupils dilated; pulse very weak, almost imperceptible; gasping for breath, with præcordial oppression; passing urine involuntarily, and covered with sweat; felt cool, but temp. 102.8. No vomiting; heart rapid, 1st sound clear, 2nd not so accentuated, 2nd pulmonary. Lungs puerile breathing, no rales, no rub, slight dry catarrh. No pericardial friction. No dulness to percussion. Voice sounds could not be tested. No ædema of legs. No swelling of abdomen. No obvious tenderness on pressure. Said not to have slept for last two nights. Present attack said to have commenced early this morning, with trembling and catching of his breath. Ordered: Chloral 10 gr., Pot. Brom. 15 gr., in a little Sal. Vol .- 1 p.m. No better. Movements of persons about him, specially strangers, seemed to increase tremblings. At times seems to wander. On being litted up noticed back quite stiff. Alæ nasi working vigorously. No ankle clonus, but he resisted strongly attempts to get it. Tried knee jerks, but legs too stiff to obtain. At times seemed to sink into a sort of stupor, as if about to die. Legs and hands getting cold. Sent home. Said to have died half-hour later.

SYDNEY R. HODGE, M.R.C.S., L.R.C.P. Eng.

[ Dr. HODGE remarks, in a private note, "Possibly some one else may have seen "similar cases under more favorable conditions, and may be able to throw light on "the question."—ED. Medical Journal.]

## GROWTH OF THE EUCALYPTUS.

Wuchang, October 18, 1887.

Will you kindly insert an enquiry, should there be an odd corner unoccupied in the next issue of the Medical Journal, as to the growth of the Eucalyptus tree in Mid-China as a preventive of malaria. I live on the borders of a pond, and the question is of much practical interest to me. I would ask,—

- (1) Is it well established that a hedge of Eucalyptus is a defence against malaria?
- (2) Have experiments proved the feasibility of its cultivation in Mid-China.

I have pleasure in congratulating you and the other Editors on so creditable a publication.

Yours truly,

W. T. A. BARBER.

## THERAPEUTIC NOTES.

HOW TO PRESCRIBE SANTONINE.

"Santonine is insoluble in water, but dis-"solves in the saliva and the gastric and "intestinal juices. Solution in the gastric "juice takes place so rapidly that the maxi-"mum dose is completely absorbed in the "stomach and taken into the circulation "before reaching the intestine.".....It has been proved by experiment that Santonine, when given in an oily solution, is not at all absorbed in the stomach, the entire quantity passing into the intestine; and KÜCHENMEISTER has shown that whilst ascarides are not affected by santonine crystals floating in water, they are killed when brought in contact with an oily solution of the drug. Three grains of Santonine may be dissolved in one ounce of castor oil and taken in four doses,-Dr. NORDEBLING, Medical Record New York, April 23rd, 1887, p. 465.

TREATMENT OF ANAL FISSURE AND HÆ-MORRHOIDS BY GRADUAL DILATATION,

This is the title of a Paper by Dr. H. O. WALKER, of Detroit, Michigan, which is given in the New York Medical Journal for July 30th, 1887. He says:—

"I introduced a bivalve rectal speculum, slightly separating the blades, and allowing

it to remain in situ for about two minutes. This procedure I continued daily, gradually increasing the dilatation at each sitting until the blades were separated to their fullest extent, about two inches in diameter. My patient continued to improve gradually until there was an entire subsidence of all previous symptoms, with a thorough healing of the fissure and an absorption of the hæmorrhoidal tumors. The entire treatment lasted about five weeks, not being employed daily after the first week." Fifty cases have been thus treated.

#### RINGWORM OF THE SCALP.

Dr. George Thin, of London, whose large experience in skin diseases enables him to speak with authority, has been contributing a valuable series of Papers to the Practitioner upon the above subject. Under the head of treatment, he says:—
"I have little doubt that the most potent "remedy is a solution of Perchloride of "Mercury, although, on account of the "dangers attending its use if applied of "sufficient strength, I have little experience "of it......" It forms the basis of certain "popular, secret remedies." After prolonged trial, Dr. Thin has given up treatment by epilation, having been disappointed with the

results. To treat one or two small spots, he advises blistering and the use of Citrine Ointment, COSTER'S Paste (a solution of Iodine and tar) is often useful. Chrysophenic Acid has the disadvantage of often producing an erythema of the face and neck. "I am satisfied from experience," says the writer, "that, as a rule, nothing is to be "gained by producing too acute an in-"flammation on the surface of the scalp." He aims at keeping up a moderate erythema for some time. His favourite remedies are,-for very young children simple Sulphur Ointment and Tincture of Iodine. In dealing with older children, he prefers Glycerine of Carbolic Acid and Citrine Ointment, varying the strength of each according to age.

#### TREATMENT OF UREMIA.

Dr. ANDREW, writing of diuretics, says :-

"With regard to the employment of diuretics, considerable difference, both in theory and practice, seems to prevail ; and this is in great part due to the vague, indefinite meaning attached to the word 'diuretic.' If it simply means something which increases the excretion of urine, by all means let it be given. Elaterium, Pilocarpine, Digitalis, Antimony, Vapour Baths, and even general bleeding, will be found to be excellent diuretics. But if it is used in the restricted sense of some substance which, by its direct action on the secreting structures of the kidney, stimulates them to increased activity, then, granted, for argument's sake, that such a substance exists, it ought not to be given ... .. In fact, the suppression of urine is due in no small part to over-stimulation; and to add to this can scarcely be wise. Marked relief to the urgency of the symptoms, and an increased flow of urine; frequently follow dry cupping .... My practice is to apply three cups on each side. If the patient is young and vigorous, two or three ounces of blood may be taken. As soon as the fit has come to an end, half-ounce doses of the Liq. Ammon, Acet. should be given four or five times a day, with drachms xv to xx of Antimonial Wine if the pulse is unduly firm, or Tivet. Unois. Vom. if this is not the case. As the fits are highly dangerous, it is of great importance to prevent their recurrence, and gain time for eliminant treatment, to relieve the congestion of the kidneys. For this purpose, no drug is equal to Chloral hydrate. Ten grains may be given for the first dose, but after that never more than five grains,"—Practitioner, July 1887.

## EYE HEADACHE

In the Canada Medical Record for May. there is a most suggestive Paper upon "Eye Headache," by Dr. CHISOLM, He tells us how, almost daily, he is consulted by patients who suffer from severe headache whenever they apply themselves to close eye-work; and who have been recommended by numerous physicians to rest the eyes; but they find that as soon as they resume work, the trouble comes back as badly as before. In these cases the cause of the headache is generally some error of refraction, and can be cured by the use of properly fitted glasses to correct the condition. With such glasses, any ordinary amount of eye-work can be undertaken with impunity, but without them no amount of rest is of permanent benefit. Here is a valuable paragraph :-

"A very useful law can be laid down for the guidance of physicians in the treatment of their eye-complaining patients, viz., that headaches which come on with the use of the eyes, and which disappear during the rest which a night's sleep brings to the weary eyes, do not usually depend upon gastric, hepatic, cerebral or uterine troubles, as is so commonly believed......The careful adjustment of proper glasses, by correcting the painful muscular effort, alone will cure them."

## CANNABIS INDICA IN DIARRECEA.

Drs. BOND and EDWARDS, of Rastrich, supply a Paper to the Practitioner for July, advocating the use of this drug. It has proved beneficial in nearly all forms of diarrhea, but especially in summer diarrhea, with frequent watery stools, vomiting, and cramplike pains. The formula used for an adult is:—

# Recipe.

Tincturæ Cannabis Indicæ, ... drs. x.
Liquoris Morphinæ, ... drs. v vel drs. x.
Spiritus Ammoniæ Arnnatici, ...drs. xx.
Spiritus Chloroform, ... ... drs. xx.
Aquam ad ... ... ... ... oz. i

To be repeated 1, 2 or 3 hours, according to circumstances.

The treatment of pulmonary diseases, especially phthisis, by gaseous enemata (sulphureted hydrogen) while still on its trial, appears to give satisfactory results in many cases, so far as relieving symptoms are concerned. Dr. Bergeon, its originator, claims that "the temperature falls, the pulse is low-wered, the night-sweats cease, the cough becomes less, the expectoration is greatly "diminished and ceases to be purulent, the appetite returns, and the patient increases "in weight," as the result of this form of treatment.—N. Y. Medical Journal, July 23rd, 1887, p. 93.

# THE TREATMENT OF EPISTAXIS.

Here is a simple method of treating Epistaxis, which should be widely known. Dr. CHARLES WADE, writing in the Medical Press, describes the treatment, for which, he says, he is indebted to JONATHAN HUTCHINSON, of London. It consists in immersing the feet and legs of the patient, as far as possible, in water as hot as can be borne. Cases are cited in evidence of its value when the hæmorrhage is very excessive. It is not difficult to understand

the modus operandi of the treatment. This is so very much simpler than the method recently advocated by M. VERNEUIL before the Paris Academy of Medicine—(which consists in applying over the region of the liver a counter irritant in the form of a large blister)—that it should be tried first in every case of Epistaxis.

#### THE TREATMENT OF DIABETES.

As we see not a few cases of Diabetes in medical work amongst the Chinese, the following may be of interest:—

"A Paper was recently read before the Académie des Sciences, at Paris, by M. VILLEMIN, on a case of acute diabetes, which had been treated by opium and belladonna combined. Two grains of extract of belladonna, with one grain of extract of opium, were given, the patient at the same time being restricted to the usual régime for diabetic patients. In a fortnight the quantity of urine was about normal, and the sugar had disappeared. Discontinuance of the treatment, even though the same diet was adhered to, was followed by a return of the symptoms, promptly subdued, however, when the treatment was resumed. Later on, he was allowed to return to the ordinary full diet for non-diabetic patients, but even then, so long as the opium and belladonna treatment (raised to 3 grains daily of each) was continued, no return of the polyuria or glycosuria occurred .- Dub. Medical Press.

#### ERGOT IN ERYSIPELAS.

"A local application which is never mentioned in text-books, but which has proved to be of the greatest value in one of the large institutions of this city, is the Fluid Extract of Ergot. It is painted on with a brush quite thickly, and rapidly dries, protecting the skin from the air, and hesides answering the theoretical purpose of contracting the gorged capillaries. The Muriate of Iron is, of course, given internally."—St. Louis Medical Review.

#### TO STOP TOOTHACHE.

The following mixture, which is an oily liquid, should be introduced into the cavity of the tooth, and has proved very effective.

Camphor ... gr. lxxv.
Chloral hydrati ... gr. lxxv.
Cocaini muriat ... gr. xv.

Canada Medical Record.

## THE TREATMENT OF COLDS.

This is a well-worn subject, and probably nearly every medical man has his own special and favourite, though, unfortunately, not invariably successful, remedy. Still, the following formula, given by Dr. WHELAN, in The Practitioner, is well worth a trial:—

#### Recipe

Quininæ Sulphatis ... gr. xviii.
Liquoris Arsenicalis ... dr. xii.
, Atropinæ ... dr. i.
Extracti Gentianæ ... gr. xx.
Pulveris Gummi Acaciæ, q. s. ut
fiant pilulæ xii.

One every three, four, or six hours, according to circumstances.

It is a powerful nervine and general tonic.

## ON THE TREATMENT OF PLEURISY WITH EFFUSION, BY HAY'S METHOD.

Dr. William Osler, of the University of Pennsylvania, delivered a clinical lecture, drawing attention to the above subject, and speaking highly of its value, "Professor "Hay, of Aberdeen, found, when investigating "the physiological action of saline catharties, "that, if the salt was given in a very "concentrated form, when the intestines "contained very little fluid, it produced a "rapid concentration of the blood, owing to "the abstraction of water to form the in-"testinal secretion excited by the salt," "Our "usual plan is to order the patient to take " nothing after the evening meal, and then, an "hour before breakfast, to administer 4 or 6 "drachms (or even two ounces may be given) "of Sulphate of Magnesia dissolved in an "ounce of water. The patient must not "drink after it. This usually produces 4 to 8 "watery stools, without pain or discomfort of "any sort. The salt also acts as a diuretic. "It may be given every other morning." Several successful cases are narrated. The writer can youch for the admirable results to be obtained by this method in general dropsies.

#### NOCTURNAL EMISSIONS.

In China, this deplorable habit is so frequent, and its ill effects so lamentable, that we venture to recommend the following treatment as often successful when Belladonna and Bromide of Potassium have both failed. Apply a blister, 3 in. by 2 in., to the nape of the neck, as near to the region of the medulla oblongata as possible—the emplastrum lyitæ answers well. A second application is rarely needed. In obstinate cases, dry or wet cupping may be required to complete the cure.

When cases in hospital are not doing as well as might reasonably be expected, it is quite as well to make sure that this habit is not the hindering cause.

#### TUBERCULAR LEPROSY.

Dr. LANG, of Taiwan-foo, reports that he has used Iodoform in pill form (1 grain) three times daily, with marked benefit in this disease.—Medical Missions at Home and Abroad.

# CHRONIC BRIGHT'S DISEASE.

The following is a diet table, taken from a valuable Paper by MILNER FOTHERGILL, on the Dietary of Bright's Disease.

Breakfast.—Oatmeal or hominy porridge, hominy fritters, followed by a little fish with plenty of butter to it; or a slice of fat bacon or pork. Fat, fish and farinaceous matters. Hominy and fat pork for the less affluent.

Lunch or supper.—Mashed potatoes well buttered. Other vegetables well buttered. A milk pudding made without an egg. Biscuits of various kinds and butter, with a nip of rich cheese.

Dinner .- Soup containing plenty of vegetable matter, broken biscuit, or sago or vermicelli. Cream, in lieu of so much strong stock, should lurk in the soup tureen, especially in white soup. This should be followed by fish in some form; a course of vegetables, as stewed celery, chopped carrots, a boiled onion, leeks, nicely prepared potatoes, as "browned potatoes" à la Marion Harland, asparagus, or "scalloped tomatoes" and corn or "boiled corn." Then should follow apple-bread pudding Maud's pudding, bread and raisin pudding; and, if the digestion can be trusted, rolypoly pudding, sweet pudding, and fruit pies Stewed fruit with creeled rice, rice-milk, or other milk pudding is good, or better still. cream. Then comes the biscuit, or crackers and butter. Dessert, with its many fruits, should never be omitted.

#### CALCULUS.

Dr. Geo. E. Post, of Beirut, Syria' read a Paper on "Calculus in Syria," at the Medical International Congress. He said, that stone was very common in that country, and that in one day four children had been brought to him, from one village, with stone in the bladder. The native physicians of the "old school type" did not use instruments for examining the bladder, although they frequently performed

the operation. Professional "stone-cutters" went about with a bag of calculi over the shoulder as an advertisement. Their way of operating was, to insert two fingers in the rectum, press the stone forward against the perineum, and then cut directly down, by a median incision, on to the stone. The rectum was often cut, and many troublesome fistulæ were seen.

[Has any native doctor been known to have attempted the operation in the Canton district, where stone is so common?— Ep. Med. Journal.]

## IODOFORM.

The use of this valuable drug is not free from danger. Dr. TAYLOR, in the N. Y. Med. Journal for October 1st, has collected together 24 cases of Iodoform poisoning. Fever characterized most of the cases, while locally an erythematous or eczematous rash surrounded the wound which had been dusted with Iodoform.

### DYSENTERY IN TIENTSIN.

Dysentery has been of an unusually severe type this summer in Tientsin. Ipecacuanha powder, which in 30-grain doses usually has such marked and immediate effect in the acute stage, in several instances this summer utterly failed to benefit, even when perseveringly given and well retained. But, in the cases referred to, every form of medication proved equally unsatisfactory. Reading recently, in the American Medical Journal, a Paper upon the treatment of Dysentery by large doses of Ipecacuanha, we find the writer, after extolling deservedly this invaluable drug, remarking that he has treated an unusually large number of cases of Dysentery with Ipecac. for twenty years, and that "it has never failed me, for I have "not lost a case," He further makes the astounding assertion, that "It is well "enough to guard against the possibilities of " Emesis, although I have never had a patient "throw up the medicine," What splendid patients, and what a lucky doctor !

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# SELECTIONS.

#### WORK AMONG WOMEN.

A sweeping assertion is frequently made. that male physicians have not access to the women of China. Not a few women have attended here as patients, many of them suffering from diseases peculiar to their sex. My wife generally meets with the female patients in their own waiting-room, speaks to them, and prescribes for the simpler cases. The more difficult cases I always see myself. Many gentlemen have come and asked my wife to see the ladies of their household, and if the case has been one which she could not readily diagnose, I have as a rule been then asked to go, and have been allowed to see the patients. From the record of our work it will be seen, too, that our help is now occasionally asked in difficult midwifery cases. While, therefore, it is not true that the women of China will not consult a male physician, it is undoubtedly true that a fully qualified lady physician would have much freer access and would find a most interesting field for work. By "fully qualified" I do not mean (as regards ladies from England) necessarily legally qualified, but up to their work. I cannot speak too strongly against, what appears to me to be, the mischievous practice of giving ladies a partial training and then sending them with the status, and expecting them to undertake the duties, of a fully qualified medical missionary. Considering the heavy responsibilities that will rest upon them if they do undertake those duties, and the isolated positions most of them will necessarily occupy, and also speaking from what I have seen in the mission field, the practice seems to me to be fraught with great danger, -Dr. EDWARDS' Report of Tai-Yuen-Fu Hospital.

# CHINESE MEDICAL THEORIES 2,000 YEARS AGO.

Su Wen, the chief classic of Chinese medicine.-This is a book, in twenty-four chapters, on medicine and physical science. It is understood to be of the Chan-kwo period, or about the third and fourth centuries before Christ. The book is a treatise on the human body, upon diseases, upon the circulation of the five kinds of elemental vapours in the body, on acupuncture, and the like. It begins with a statement that the ancients lived to a hundred, while now men become old at fifty. The body is minutely subdivided in accordance with the doctrine of five elements. The phenomena of fever are caused by the fire element, and of dropsy by the water element. The heart is the king among the viscera, and the home of the soul. The lungs are the two chief ministers. The liver is the general of the army, the seat of counsel and stratagems. The gall-bladder is the home of righteous decision and of promptitude in action. The stomach is the royal granary etc. Man's body is a microcosm, and the same elements which rule in the great Cosmos of heaven and earth move also there.

Rev. J. EDKINS, D.D.

# CHINESE MEDICAL THEORIES AND PRACTICE TO-DAY.

Some of the causes supposed by the Chinese in Formosa to produce malarial fever are,—

- (a) The hot and cold principles in Nature not agreeing;
- (b) Unluckily treading on mock money put in the street, or along the roadside, by priest or sorcerer.

(e) Two devils: one, belonging to the negative principle in Nature, fanning the individual and so causing chills; the other, in connection with the positive principles, blowing a furnace and producing heat and fever. These are the devils which are feared, if the words "chills and fever" are spoken.

Some of the cures resorted to are :-

- (a) The Taoist priest makes charms of peach-leaves, green bamboo, and yellow paper into curious figures, which are then tied round a button or to the queue. Sometimes red thread is tied round the wrist and kept there for weeks. Another is to enter the house, blow a kind of horn, and drive the fever-devil out with a whip.
- (b) The Buddhist priest makes tea from the ashes of burnt incense, and gives it to the patient; or, he sends him to the nearest temple, where he must remain for some time under the table of an idol, where he can be safe from the attacks of designing spirits.
- (a) The sorcerer takes three bamboo sticks, about three feet in length, ties red cloth around one end of each, and invites the fever-demon to follow him a short distance, where he drives them into the ground a few inches deep. Or, a figure like a human being is made of rice-straw, and the wicked spirit invited to enter and leave the sufferer. Then, about a hundred yards or so from the house, the grass man is put down, and an offering of mock money, pork, duck eggs, rice, and vegetables presented. Or, seven hairs are plucked out of a black dog, and tied around the feverish man's hand, to guard him from all devils with evil intentions.
- (d) The doctor will say that cold and wind caused the two principles in nature to disagree, and medicine must be taken. Accordingly the following are used and most frequently prescribed here, viz., seeds of plantago, prepared orange-peel, liquorice-root, roots of the wild peony.

Rev. G. L. MACKAY, D.D.

MOUKDEN : DR. CHRISTIE'S WORK.

We give the following extract from a letter recently received from Dr. Christie:

"I should have sent you an account of the work before now. I can hardly realise that the winter is already over; the past few months seem to have gone like so many days. I am now bringing the winter classes to a close. The class of Physiology closed about ten days ago, when an examination was held. both written and oral, and the answers given were most satisfactory. The last Chemistry class was held to-day, and the examination takes place to-morrow. The chemical cabinet you so kindly sent has enabled me to enliven the lectures by experiments, which added much to the interest of the class, and a few outsiders, chiefly the sons of friendly mandarins, attended. The examination in Medicine takes place in about a month hence, As to Anatomy, I am sorry to say we have not made much advance, although it forms the foundation of all.

"The work, I am thankful to say, continues to prosper in its various departments. The out-door patients are steadily increasing, and here, as well as in the hospital, we are seriously hampered from want of sufficient accommodation. In the latter, the Kangs, unfortunately, are so badly ventilated that during the winter months, on account of the smoke, we were not able to receive any ophthalmic cases for operation. Now, however, we shall soon be able to do without fires. At present the hospital is full, and a number are waiting to be received. I have had several cases of great interest from a surgical point of view in the hospital recently. Among them was another soldier suffering from a severe gunshot wound, who, I am glad to say, made a a good recovery. I have just sent an account of another case to the Lancet, This man came to us in a dving condition. An operation was followed with very satisfactory results, and he now enjoys good health. As a thank-offering for his recovery he subscribed ten taels, and put up a tablet to the hospital,"

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# The China Medical Missionary Jouqual.

Vol. I. DECEMBER 1887. No. 4.

# OPENING OF THE "HONGKONG COLLEGE OF MEDICINE FOR CHINESE."

The establishment in Hongkong of a College of Medicine for Chinese is an event of no ordinary importance, and will be so regarded by the members of the profession in all the ports of China and by all who desire the well-being of the Chinese people. A well-equipped and well-patronized Medical College in Hongkong will aid greatly in the dissemination of that knowledge which confers vast benefits on Western nations, and all will rejoice in the extension of these benefits to a people so much in need of them as the Chinese.

The inaugural address of Dr. Manson, the Dean of the Faculty, delivered in the City Hall, on the first of October, was a very able one and worthy of the occasion. The large audience, representing all classes in Hongkong, was very gratifying to the gentlemen who are the promoters of the College, and showed how much interest was felt in their efforts to benefit the people of the adjoining Empire.

A moment's reflection will show that Hongkong offers advantages for the location of a Medical College to be found in no other part of China. A liberal and enlightened Government controls the affairs of the Colony, and seeks the welfare of natives as much, perhaps, as of the foreigners. The necessities of the foreign community require the presence of a number of medical men engaged in private practice, and the superior intelligence of the men who control the vast mercantile interests of the place is a guarantee that the majority of these medical men shall be first class, both as to natural ability and qualifications. Then the army brings its surgeons, men of high culture and large experience; and the Colony requires the services of scientific men who are qualified to fill important places in the faculty not strictly professional.

The Missionary Community, also, contributes a member of the faculty, a man whose name is honored wherever it is known, and will add weight to any enterprise with which he may be associated. It is evident, therefore, that Hongkong, in the number and ability of its medical men, is not equalled by any other place east of the Straits; and all agree that the names of those who fill the various chairs will compare favorably with those of most Medical Schools in Europe.

An important consideration in the initiation of such an enterprise is the wherewithal to set it up and keep it going. Now, the immense business which Hongkong conducts with all parts of the world not only secures the accumulation of great wealth but places it in the hands of large-hearted and liberal-minded men, who are ever ready to aid in any enterprise which commends itself to their judgement.

Last, but not least, practical anatomy, or dissection, can be prosecuted in Hongkong as in none of the ports of China; and since Anatomy is the basis on which the whole superstructure of the education of both physicians and surgeons must be built, the protection which a British colony can afford in this department is of supreme importance.

The recent establishment of the Alice Memorial Hospital, by perseverance of Rev. Dr. Chalmers, supplies the only remaining desideratum, viz., means for clinical instruction.

The organization of the faculty and the location of the College supplies all that can be desired to give it a high standing and secure its future success. But another element in the formation and working of a College is the presence of students, and the number of these has more or less to do with the success of any literary institution. If instruction was given in the language of the people, an unlimited supply of students might be anticipated, but the instruction is all to be given in a foreign language, and this must necessarily limit the attendance of students to those who have a thorough knowledge of English, and of the studies considered preliminary to entrance on a course of medical study. This fact has, of course, been well considered by the faculty of the College, and they will count a moderate number of students as giving them a very gratifying degree of success. No doubt, in future years, the number of Chinese receiving a liberal English education will increase, and a gradual but slow increase of medical aspirants will follow.

The fee for each student is fixed at \$200 in advance for the entire course. This may limit somewhat the number of students. Many Chinese young men, with that amount as capital, would consider the way to fortune open to them, and would not be disposed to spend the money, and three or four years, in studying medicine. To those who have the money, and are anxious to become educated physicians, the expense will be no obstacle, but it will be difficult to find many in whom these two requisites are combined with an adequate knowledge of English.

The fee, however, is a matter that can be adjusted as circumstances may demand, in one or both of two ways. It may be lowered, or it may be provided for by scholarships, and will not be a permanent obstacle in the accomplishment of a grand work, for a great Empire, by the members of a profession universally noted for its benevolence and works of charity.

There are several points in the Dean's address to which we wished to advert, but we must defer our remarks on them, and some criticisms, to a future number of the *Journal*.

J. G. K.

# ELEMENTARY PHYSIOLOGY-A REVIEW.

# 省身指掌

ELEMENTARY PHYSIOLOGY; A Text-Book for Schools. By HENRY D. PORTER, M.D., North China Mission of the American Board. Illustrated by Sixty-two Electrotype Plates, Three Coloured Engravings, and Twelve Wood-cuts. With Index and Vocabulary. *Peking: Mission Press, A.B.C.F.M.* 1886.

It is gratifying to the friends of progress in China to notice the increasing number of works published in the native language and bearing on Western arts and sciences. Perhaps in no subject, directly connected with themselves personally, do the Chinese display a greater want of scientific knowledge than in Physiology. Their notions as to their internal economy are often ludicrous, as well as erroneous, in the extreme, and it will, perhaps, require several generations to pass away before their misconceptions will be removed and a sound understanding of the position and uses of the various parts and organs of the body will be established. The continual arrival of new medical missionaries, and the establishment of Hospitals and Medical Schools, render elementary treatises on Human Physiology, in Chinese, of the utmost importance and necessity. Hitherto, the works of this nature that have been published—such as those of Dr. Dudgeon, Dr. Osgood, Dr. Hobson, and others,-have been of too elaborate a description. They are large, bulky and expensive, besides being written in a style which, though it commands the admiration of the learned few, is ill adapted to meet the wants of the many. Their price, also, is too high for ordinary Chinamen's pockets. Hence, we hail Dr. Porter's Elementary Physiology as a move in the right direction, combining, as it does, the most important features of the science within the limits of a single volume, written in a simple and popular style. The main portion, we are informed in the preface, was first printed in the Mandarin dialect, in the Child's Paper. Eventually, the School and Text Book Series Committee having asked Dr. Porter to prepare a suitable work for school use, the original text was remodelled, and chapters added on Anatomy and the Nervous System. It is fairly well illustrated by sixty-two electrotype plates, three coloured engravings, and twelve wood-cuts, and is printed at the A.B.C.F.M. Mission Press at Peking. We notice it is dated 1886, and rather wonder why we have not heard of its publication sconer! It is a great pity when people hide their light under a bushel, especially as one missionary seldom knows what another is doing, and it sometimes happens that the same book is being prepared in different places at the same time. Much valuable labour is thus spent in vain, and we think it would be a good plan for every one who undertakes a work of this sort to be sure that no one else has already done it or has made a commencement. A yearly list of books in hand, or contemplated, might well be published in the Chinese Recorder, and the details furnished in time, say for the January number, by all such workers.

But now to the pleasant task of a hasty glance through the sixty-eight leaves of small Chinese type—too small, perhaps—and of the nineteen leaves of vocabulary in English and Chinese.

The three coloured engravings, though excellent of their kind, are much smaller than the pages of the book, and being also on stiff foreign paper, look somewhat awkward. It would be well, in ordering such engravings from home, to specify the size of the book they have to be bound up in. They, as well as the electrotypes, are marked with the letters of the English Alphabet or Arabic numerals. Where descriptions occur, the Foreign letters and numerals are again Dr. Porter seems to think this is an advantage, but we are inclined to a different view, and are of opinion that such a Chinese book should be Chinese throughout. It is difficult enough for an ordinary native to understand it without the necessity of mastering Foreign signs. The pictures are fairly well printed and greatly enrich the work. The marginal references and notes, in very small type, are a great assistance to the reader, but the rather large table of errata requires attention. The detailed table of contents, occupying five leaves at the commencement, forms also an excellent feature of the work. The chapter on Mental Physiology, though necessarily brief, contains enough to set an intelligent Chinaman thinking and to desire more information on this (to him) almost entirely new topic.

A glance at here and there a page satisfies us that Dr. PORTER'S work has been well and faithfully done, and that it must be an unusually dull Chinese student who cannot understand the bulk of the statements, expressed, as they are, in such simple, easy Wen-li. If we might venture to criticise the style, it is, if anything, too easy, and has in places redundant characters which, so far from helping, may often rather hinder the meaning.

As to the index to terms of Mental Physiology, one fails sometimes to see the connection between the Chinese and its Foreign equivalent. In cases where a series of terms occur—such as Sensation, Sensative, (sic) Sense, Sensibilities, Sense Perception, and Sensory Nerve—one naturally expects to find the same Chinese character as the root in each term, but is sometimes disappointed. In

the index of Physiological terms, we stumbled on Mallens, at the top of page 16, and were greatly exercised in mind till we came to the conclusion, from the Chinese equivalent, that it is a misprint for Malleus. The ileo coecal value, on page 13, is evidently a printer's error.

But we must not carry our criticisms further, as our object is to praise and encourage, rather than pick little flaws in such an excellent undertaking. We heartily congratulate the School and Text Book Series on this new addition to its already long list of books, and trust that many more works of an equally sound, simple, and elementary character, on other branches of Medical and kindred sciences, will soon begin to make their appearance. One most gratifying feature in the publication under review is, that it "has been done in the leisure moments of a large Dispensary practice and general missionary work." It is noticeable that many of the treatises in Chinese on Scientific subjects and general Western knowledge, are the productions of men who are always very busy about something else, and yet steal leisure for such works of faith and labours of love. Change of occupation is almost as good as rest, and it is to be regretted that more of our talented missionaries, as well as Consular and Customs officials, do not air their knowledge of Chinese by employing their leisure-hours in some such permanently useful way.

X.

### YAO'S HISTORY OF VACCINATION-A REVIEW.

1 Vol., Illustrated. Canton: China.

A kind friend/has sent us the above native treatise on Vaccination, for notice in these columns. It is written by Yao-ho-chun, who, we learn from Dr. Thomyson's admirable Paper on "China's First Foreign Medical Benefactor," which appeared in our last issue, was principal assistant to Dr. Alexander Pearson, from whom he obtained his knowledge of the art of Vaccination. Yao-ho-chun, seems to have passed under the peculiar sobriquet of "Dr. Longhead," from the unusual shape of his skull. To him belongs the honour of carrying on the good work initiated by Dr. Pearson, and of widely disseminating the knowledge of Vaccination amongst his countrymen. He commenced the practice in Canton in 1806, and handed it down by hereditary descent to his grandson, who, at the present time, is engaged in the same honourable calling. Turning to the volume before us, we find more than half the contents to consist of laudatory prefaces and commendations from prominent officials and scholars, advocating the claims of Vaccination and singing its praises. One, in especial, attracts attention

both from the eminence of the writer and from the subject-matter upon which he touches. It is an Ode by His Excellency Yuen Yuen, who, between 50 and 60 years ago, was Viceroy of the Two Kwangs, and who had attained to national fame as a leading statesman and scholar. We venture upon a free translation of the ode, which may be rendered thus:—"I grieve on account of the injury "wrought by poisonous opium in China. I have done my utmost to put a stop "to its use, but have not succeeded. As the practice of Vaccination spreads "throughout all the provinces, the lives of many children will be saved, and thus "the injury caused by opium will be in some measure compensated." While appreciating the benefits of Vaccination introduced from the West, he could not but bear in mind the baneful influence of that other importation from the same quarter.

Many foreign residents in China, who considered themselves authorities upon all subjects connected with the social life of this people, profess to believe that the evil results of opium-smoking exist only in the imagination of bigoted missionaries or hare-brained members of the Anti-Opium Society. Would that these gentlemen, who rank the opium-pipe on a par with the post-prandial cigar, might become acquainted with this opinion, written by a talented Chinaman of high rank more than half a century ago.

Coming to the treatise itself, we find Mr. Yao giving very minute directions as to the exact site for vaccination-4 in. from the shoulder and 2 in. from the elbow. He advocates making two small pockets in each arm, in the case of infants; but for children of 7 or 8, he recommends six punctures, three in each arm. One curious piece of advice is, that all male children should be vaccinated first in the left arm, while with female children you should begin with the right arm. A perfect vesicle is very carefully described, so that others practising the art may know whether the vaccination has proved satisfactory or not. When good vesicles have formed, one vaccination is absolutely protective. He gives careful instructions as to diet-what to eat and what to avoid -intended, we presume, for the nursing mothers. They are allowed to partake of lean pork, roast ducks, etc., but are to abstain from eating beef, fowl, and numerous other articles named. He fears that leprosy might be disseminated through vaccination, and warns all practitioners to be careful in examining into the family history of the children from whom they remove lymph. There is a short account of how vaccination was first discovered in the west, and an elaborately worked out theory to account for its action. He condemns the common practice of inoculation, which he tells us is carried out by taking the dry scab from a child who has been lightly attacked with small-pox, and placing it in the nostril of a healthy one. While there is very much that is useful in the book, the writer robs the art of Vaccination of its original simplicity by surrounding it with nonsensical theories and cumbrous regulations.

# HOSPITAL REPORTS.

THIRD REPORT OF THE MEDICAL MISSION AT T'AI-YÜEN-FU, SHANSI, IN CONNECTION WITH THE CHINA INLAND MISSION, UNDER THE CARE OF E. H. EDWARDS, M.B.C.M.,

## Also,

FIRST REPORT OF THE T'AI-YUEN-FU OPIUM REFUGE.

It is with peculiar pleasure that we welcome this Third Report of the T'ai-Yüen-Fu Medical Mission; yet, as a tinge of sadness so often colours our brightest pleasures, we cannot but think, as we turn over its pages, of the lamented Schofield—so talented, so consecrated, yet taken away in the prime of life and in the midst of usefulness. We would urge upon every medical missionary whose ambition is to combine in the most perfect way the healing of the sick with the preaching of the Gospel, to obtain and read, if he has not already done so, the Memorial of Harold Schofield, published by Hodder & Stoughton, of London. We are glad to see that, in T'ai-Yuen-Fu, a Hospital is being erected to Dr. Schofield's memory.

Dr. EDWARDS, whose First Report is before us, took charge in March 1884, and he details the work done up to the end of 1886. During this period, viz., one year and nine months, 6,049 different patients were treated, of whom 298 were in-patients.

After touching upon the Evangelistic work, which is kept prominently to the fore, as it always should be in a Medical Mission, Dr. Edwards gives many interesting notes of the cases treated. We append a selection:—

A man appeared at the Dispensary, "who had had both his eyes gouged out, "and the Tendo-Achillis on both legs cut through, as a punishment. He had come "700 li to this city to accuse, before the governor, the mandarin who had punished "him; and we subsequently heard that this official had been deprived of office because of his brutal conduct.

"Spinal Curvature.—Three cases of angular curvature have been met with.

One case was that of a soldier, aged twenty-three, who, fifteen days before he came

to the hospital, had his back injured by a wall falling upon him. When seen there was a projection of the lower dorsal vertebræ. The patient kept himself very rigid in all his movements, and there was the want of flexibility of the spinal column in the stooping position. Pain was present on pressure. A Plaster-of-Paris jacket was adjusted, and the man then returned to the camp. Two months afterwards he again presented himself and said he had lost all pain and could move quite freely, but was anxious to know if the lump in his back could not be rubbed down.

"Abscesses.—One or two cases have been of interest. In January 1885, a girl of fourteen was brought in from the country by her father, suffering greatly from an abscess in the right inguinal region. Fluctuation was distinctly felt, but percussion gave a tympanitic note. The abscess was first aspirated, and a great quantity of very feetid pus and gas escaping, it was freely opened antiseptically and drained. It kept discharging for some length of time, but eventually healed; and when the girl was last heard of, she was working in the fields.

"Cataract.—Twenty-five patients were operated upon for this disease. In twenty-two cases only one eye was operated upon, in the other three cases both eyes, making the total number of eyes operated upon twenty-eight. Of these, twenty obtained good vision, three fair vision, two were failures, and in three the final result was undecided when the patients left. Chloroform was only given in four of these cases, but in those operated upon during 1885-6 I was able to use cocaine (much to the patients' delight) as my friend, Dr. John Thomson, of Edinburgh, kindly sent me a supply.

"In addition to the above twenty-five cases referred to, it should be stated that Mrs. PIGOTT operated successfully on five or six cases during the time she was here. One of these cases deserves special mention. The patient, according to his own account, had been practically blind for twenty years. Both eyes were operated on successfully, and he obtained such good vision that he could read without the aid of glasses. He found, too, he had not forgotten the characters he had not seen for twenty years. After this long period of enforced idleness he again began his business as carrier between his native place and Peking. Very grateful for the recovery of his sight, he presented a tablet to his benefactress."

In the Report of the Opium Refuge, Dr. Edwards, speaking of the prevalence of the habit of opium-smoking in Shansi, says:—

"In the villages, a large proportion of the inhabitants are addicted to the habit,—according to the estimation of the people themselves, at least 80 °/o or 90 °/o of the men above 20; 50 °/o or 60 °/o of the women; many of the young people in their teens; and even some of the children."

The Doctor bears his testimony to the ill effects of opium-smoking, as they have come under his own observation.

# THIRD ANNUAL REPORT OF THE MISSION HOSPITAL AT AMOY.

Owing to the absence of the physician in charge, Dr. Archibald L. Macleish, the hospital work for the year 1886 was confined to the period of six months. But notwithstanding this fact, the report presents the following gratifying statistics:—

Total number of Individual Patients	•••	•••	1,388
New Patients (not previously treated)			956
Including Females		•••	236
Daily Visits of Out-patients for dressing	•••	•••	1,523
Visits to Patients in their homes	•••	•••	74
Total number of Consultations by Out-patients	•••	•••	5,957
In-patients		•••	187

The number of female patients is reported as decreasing, owing to the unsatisfactory accommodations which limited space forces the Hospital to offer them. But the number of new patients has increased, as also, for the same period, the number of out-consultations.

Morning and evening prayers are held for the in-patients, and passages of Scripture and simple hymns are taught them. Some of these continue to attend the services in chapels near their homes, and one man, who was for a month a patient, has been received into the church at Amoy.

Three lads are in training as assistants, "who are articled to the Hospital for a period of four years." It is pleasant to read that they are giving "unqualified satisfaction."

The great need of the Hospital is for trained nurses. For the education and accommodation of these, as well as for other improvements, an enlargement of the Hospital is in contemplation.

The chief feature of interest in the work, from a professional standpoint, is the fact that "more than half the operations have been performed on the eye." A case is reported of Glaucoma, which was clearly due to the use of Atropine. The symptoms appeared two days after the first instillation and increased in severity under each application. With the use of Eserine, vision improved, but an Iridectomy was necessary to restore useful vision.

# PHILANDER SMITH MEMORIAL HOSPITAL, NANKING.

THE First Annual Report from this Hospital comes in from Nanking with a stirring motto:—

"Lord, it is nothing with Thee to help, whether with many, or with them that "have no power: Help us, O Lord our God; for we rest on Thee, and in Thy name "we go against this multitude."—II Chronicles, xiv. 11.

With such a battle-cry we are not surprised that the physicians in attendance were not daunted by the multitude, to the number of 11,583, as the statistics show:—

Out-Patients.								
New Patients		•••	•••	•••		•••	•••	5,175
Old Patients		•••	•••	***	•••	•••	•••	6,178
Total number of	'visits	to Hos	pital by	Out-I	Patients	•••	•••	11,353
In-Patients.								
Surgical (includ	ing Ul	cers)	•••		•	•••		60
General				•••			•••	56
Opium Habit	•••	•••	•••		•••	•••	•••	114
Total number of	f In-Pa	tients	•••	•••	•	•••		230

The report is made attractive by illustrations of a Chinese doctor's office, Opium-Smoking, and a large print of the new Hospital.

The building is built of brick, two stories above a foundation of four feet, and this latter laid on a bed of concrete five and six feet deep. It has a frontage of 172 feet, a depth at the centre of 30 feet, and at either end of 60 feet.

The location of the hospital is a very good one. It is within the city walls, about five minutes walk from the west gate of the city, but a short distance from the densely populated portion of the city and yet near to groves, shaded lanes, and open hills.

Regular daily instruction is given to the in-patients, and those who can read are supplied with portions of the Scriptures, tracts, etc. Every day a native colporteur sells tracts and books to the out-patients, and passages of Scripture are read and explained to them, while waiting to be treated by the physician.

As usual, the religious work among the out-patients is unsatisfactory, and it is from the in-patients that results are to be looked for. "Many will accept the Gospel much as they take their medicine, seeming to think it is the way to do at a foreign hospital, and that it will please us and gain favors. Others are probably honest in their desire to know the truth and take some pains to learn. A few others, again, are not willing to hear, and will roll themselves up in their bed and cover their head when a service is held in the ward. We are by no means discouraged. The seed is being sown, and some, we know, will spring up from good ground.

"While the Gospel is made free to all who will accept it, self-respect is encouraged by payment of fees for treatment. Each Out-Patient, when first

seen, is required to pay 56 cash (about 5 cents) for registration. He is then given a ticket, and can come for treatment thereafter without paying any other fee. He is supplied with bottle, dose-cup, and medicine, free.

"In Patients pay 56 cash per day for their board, and are supplied with medicine, care, and bed, free. Opium patients pay 1,680 cash in advance, and are kept twenty-one days under treatment with no other charge. They are also required to deposit \$1.00 with the physician as security for good behaviour, which is returned when they leave, if they have complied with the rules.

"For visiting a patient at his home, a charge is made of \$2.00 and pay for chair-bearers.

"For visiting a case of poisoning or serious accident, only the pay for chair-bearers is required."

There are three students studying English and Anatomy. "These young "men are believers, who take part in prayer meetings, who have stood on the "street and preached Christ, and who, when of an age to go out into the world, "will be head and shoulders, in general knowledge and mental ability, above the "people. They are those whom the Church should utilize and encourage. We are striving to so train them that they will be a help to the cause of Christ in "China, and, in any case, an element of progress and usefulness among this "people." For the use of these young students, Dr. Beebe earnestly desires the gift of a manikin.

The classification of diseases gives the usual prominence to those of the skin and eye. Surgical cases have been few, owing to the fear of the natives of the surgeon's knife, but of late some successful operations give promise of more work in this line in the future.

Opium patients, as always, are trying and discouraging, but patience is having her perfect work in Nanking. The mode of treatment is given as follows:—

"For a few days they are given pills containing a little opium, this is gradually decreased and finally entirely withheld. The result is diarrhea, vomiting, sleeplessness, general depression, etc., at first, and for some time afterwards great physical debility. The appearance soon greatly improves, and if the pipe is let alone, many gain rapidly in flesh. We have no way of knowing how many are thoroughly cured. We have good evidence that some are—equally good evidence that some are not."

In closing this short review of the first year's work in a new enterprise, we may well echo Dr. Beree's words:—

"The work may be said to be safely started, and our faith is strong in the "assurance that the Divine Head of the Church, who has watched over its "beginning, will direct it so that His name shall be magnified among this "people."

# ITEMS AND NOTES.

THE first volume of The China Medical Missionary Journal is completed with the present number. We are happy to announce that we close without a dollar of debt, and that we even have a margin with which to commence the second volume-results that must be very gratifying to all who have taken an interest in this enterprise. We have also several manuscripts for the first number of the next year; but we would invite our friends to send in any articles they may have in hand as promptly as possible, as we would like to date the next number, January, 1888, and so be able to issue the subsequent numbers on the first month of each quarter, and not, as hitherto, on the last.

It has been thought well by the Editors of the China Medical Missionary Journal to hereafter furnish the Journal without further charge to those members of the Medical Missionary Association of China, who pay their Yearly Dues of \$2.00. In other words, this Medical Journal will be sent free to all Members of the Medical Association who keep themselves in full membership. We trust that this will serve as a stimulus both to secure membership and to meet the very moderate Yearly Dues.

The departure of Dr. GRIFFITH leaves our Medical Missionary Association without a Secretary and Treasurer, but Dr. MARY GALE, who has recently joined Dr. REIFSNYDER in the Margaret Williamson Hospital, in this place, has been requested to act as Secretary and Treasurer pro tem., until the regular

election for Officers takes place, and she has kindly consented to do so.

In the second number of The China Medical Missionary Journal, page 72, is a list of the twenty-nine individuals who had to that time made themselves members of the Medical Missionary Association of China, by paying the Initiation Fee of \$1.00 and the Yearly Dues of \$2.00. We give below the names of those who have been added to the number of members since then, and we would suggest to our Medical Missionary Associates who have not yet joined, the advisability of doing so early the coming year.

30. Dr. A. W. DOUTHWAITE,

31. " JAS, CAMERON,

32. " H. T. WHITNEY.

33. ,, B. von S. Taylor.

34. " S. PRAY.

35. " ELIZABETH REIFSNYDER.

36. , W. A. DEAS,

37. " T. GILLISON.

38. ., J. C. R. LANG.

39. , C. P. W. MERRITT.

40. ,, G. A. STEWART.

41. " E. G. HORDER,

42. " M. M. PHILIPS.

48. " A. MORLEY.

44. " A. LYALL.

45. , MARY GALE.

Dr. Manson's very interesting address at the opening of the Medical College in Hongkong, which appeared at the time in several of the local papers, has received deserved permanency in the pages of *The China Re*- view, or otherwise we would have secured it for The China Medical Missionary Journal. We see it stated that Dr. Manson has recently visited Peking, to treat Prince Chun, and The Chinese Times, of Tientsin, says:—
"Dr. Manson's visit to this place was of "a very satisfactory nature, and it may be "hoped, as one result, that the Viceroy LI will, even if only for military purposes, "increase the number of medical schools and "students in his government."

Dr. M. E. Carlton, who recently arrived from the United States of America, expecting to work in Nankin, in the Philander Smith Hospital, has been summoned, by telegraph from Bishop Warren, to go to Foochow, to assist Dr. Correy, whose strength has been over-taxed. The recent completion of a dwelling-house for the Missionary Physicians in connection with the Methodist Woman's Hospital at Foochow, permits of much enlargement of the work in the one building which has hitherto served both for Hospital and Residence for the Physicians, but which will now be devoted entirely to the medical work.

Dr. C. A. WOODHULL, of the Woman's Hospital within the walled city of Foochow, has secured land, very favorably situated on one of the enclosed hills, and hopes soon to build.

We regret to learn that Dr. Grant, in Chinchew, near Amoy, is still prevented from securing a satisfactory location for his very successful Hospital work, which has now been prosecuted, under very unfavorable conditions, for a number of years. Dr. Lang, lately at Taiwan fu, is, we understand, to remove to Chin-chew, to relieve Dr. Grant.

A correspondent from the North writes of the arrival of Dr. INGRAM, to take up the work laid down by Dr. HOLBROOK at Tungchow, near Peking, "Dr. INGRAM has "come with the idea of fitting himself for "a life-work."

Dr. LYALL'S return to Swatow, will soon relieve Dr. COUSLAND for other work in one of the neighbouring cities,

Steps are being taken to secure grounds for a Woman's Medical Work, to be commenced by Dr. King, in connection with the Reformed Mission at Amoy.

Dr. Fulton's Dispensary work, among the women within the walled city of Canton, grows rapidly upon her hands, and is already both large and useful.

A blind fortune-teller came into the Dispensary at Tientsin one day for the treatment of some trifling ailment. It was noticed that his blindness could be relieved by a surgical operation, and it was proposed to him to enter the Hospital. He refused, alleging that if his sight was restored he would lose his occupation. "People have more faith in a blind fortune-teller," he remarked, "than in one who can see." Besides which, they are admitted freely to the women's quarters of Yaméns and large houses, which would not be the case if they had good sight.

We have heard of a missionary who met with the following unique experience:—He had operated successfully for Cataract, and the patient had departed cured, when soon after, he returned, and demanded of his doctor a situation. The patient had gained his living by begging, and now, when it was too late, found that with the cure of his Cataract his occupation was gone, for people would no longer support him in idleness. He felt deeply aggrieved, and considered that the least the doctor should do for him was to provide him with a situation.

We acknowledge with pleasure the receipt from Kelly & Walsh, Limited, of The Imperial English and Chinese Diary

interleaved Almanac for 1888, andwith blotting paper. It is after the general style of Letts' Diaries, with much introductory matter of local interest to us in China, regarding Chinese Maritime Customs, Postal Regulations, Telegram Rates, Chinese Festivals, etc. The date of each day is given both in Western and Chinese styles of reckoning, with indications of Western and Chinese Holidays; and the book closes with pages for Things Lent, Cash Account, etc. This useful Diary is printed in Foolscap size, and consists of 120 pages, being sold for One Dollar.

Dr. Maxmell, Editor of the Medical Missions at Home and Abroad, draws attention to an article, in the November number of that Journal, on "Leprosy." He says:—
"Some one of your contributors might take "up the subject in China, with its wealth of "material for discussing it which is in those lands,"—a suggestion which we trust will be noticed and acted on.

A cheering incident occurred recently, in connection with the Ningpo Homeopathic Dispensary work under Dr. S. P. BARCHET. Four Chinese gentlemen, of very moderate incomes, opened a subscription list in aid of the Hospital, and as proof of their gratitude for medical help and advice. Having collected five hundred dollars, and hearing of the ill health of the Doctor in charge, they concluded to present the sum at an earlier date than they had intended; and in doing so, requested that a part of the money be used towards recruiting his health.

Dr. H. T. WHITNEY, of Foochow, has been authorized to revise and publish a new edition of *Gray's Anatomy*, translated by the late Dr. D. W. OSGOOD. The first edition of 800 copies, in 1880, is nearly sold out, and Dr. WHITNEY hopes to get the new edition ready for the press by next spring.

## MARRIAGE.

At Shanghai, November 28th, Geo. Both-Well Douglass Macdonald, M.B.C.M., of Scotch Established Church Mission, Ichang, to Flora Macdonald Davidson.

#### BIRTHS.

At Locust Grove, Kent County, Maryland, U.S.A., September 13th, the wife of Dr. H. W. BOONE, Prot. Epis. Mission, of twins, a son, and a daughter,

At Taiwan fu, Formosa, the wife of Dr. P. Anderson, of a son.

#### DEATH.

At Kalgan, September 8th, the infant son of Dr. C. P. W. MERRITT, of A.B.C.F.M., Paoting fu.

# ARRIVALS.

At Shanghai, October 25th, Dr. and Mrs. CURTIS, for Methodist Eniscopal Mission, Peking; also Dr. and Z... J. H. INGRAM, for A.B.C.F.M. Mission, Tungchow.

At Shanghai, November 8th, Miss M. E. CARLTON, M.D., for American Methodist Mission, Foochow; and Miss M. GALE, M.D., for Woman's Union Mission, Shanghai.

At Shanghai, November 18th, Dr. Roberts, for London Missionary Society, North China.

#### DEPARTURES.

From Shanghai, October 5th, Dr. and Mrs W. WILSON, of China Inland Mission, for England.

From Shanghai, November 12th, Dr. E. M. GRIFFITH, for U.S.A.

From Canton, Rev. R. H. GRAVES, M.D., D.D., and wife, for U.S.A., November—.

# The China

# Medical Missionary Journal.

# EDITED BY

J. G.	KERF	R, M.D.,	Canton.			
J. K.	McKE	NZIE, I	A.R.C.S.,	L.R.C.P.	, Tientsin	·
E. R	EIFSN	YDER,	M.D., Sh	anghai.		
Drw	LH	CHILICI	C M D	Darcimore	Managar	Chancha

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# NOTICES.

The Subscription Price for The China Medical Missionary Journal is Two Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Gulick, M.D., Shanghai, while Articles intended for *The China Medical Missionary Journal* may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.

# China Medical Missionary Journal.

Vol. II.

# MARCH 1888.

No. 1.

## THE TRANSLATION OF MEDICAL BOOKS INTO CHINESE.

By B. C. ATTERBURY, M.D.

DOCTOR P. Manson's translation of Curling's well-known monograph on Diseases of the Testis has been sent to me to look over, and the work is so excellently well done as to warrant making it the basis for a few observations on the translation of medical books into Chinese.

In the first place, Doctor Manson's book presents a very attractive exterior. The paper, although native, is very white, and the characters clear and distinct. The lithographic plates also, collected together at the end of the third fasciculus, are models in their way, shewing most intelligently what they are intended to represent. Of course it is not the first aim of a medical book to please the asthetic tastes of medical students, still some err too far on the other side, spending neither sufficient care nor money to procure good paper, clearly cut blocks and, above all, well executed plates. Medical works are more expensive than other books in Western lands, and there is no reason why they should not be sold for a remunerative price here as well. Those of the Chinese who are interested in such topics can afford to pay a fair sum for an attractive volume. Instead then of trying to economize in printing and binding, it would perhaps be better to go even further than Doctor Manson has, and substitute foreign for native paper, adding also a good substantial board cover.

The translation of any scientific work into Chinese presents unusual difficulties. The spirit and exact meaning of the original must be preserved, while the style and idioms of a language lacking scientific expressions are to be respected. There is one rule, however, in all doubtful cases, which it is safe to follow, i.e., style or no style, the meaning of every passage must be clear, or else the average medical student will have very vague ideas as to what the author is driving at. The translation of the work before us has been done with success, and a Chinese teacher, experienced in reading such books, says, the Chinese is excellent.

What books should be translated into Chinese is another important question. General treatises on Practice and Surgery are necessary, but still more so are monographs taking up in detail some one topic and treating it exhaustively. So limited is the present range of medical literature in China, that one can hardly make a mistake in putting any standard work on Western medicine into Chinese. May there be many others who will thus render available to our medical students the works of foreign specialists on special subjects. In several places in Dr. Manson's vocabulary there are terms employed different from those used by others. As yet, however, we have no standard medical nomenclature, and the selection of terms is one more of preference than fixed rule. Until there is some recognized authority such differences will continue. It is to be hoped that the Editors of the Journal will take steps, in the near future, to prepare an official vocabulary which shall be accepted by all medical men in China.

Finally, some cautions must be remembered in preparing a medical literature for the Chinese. When writing on the treatment of diseases, the value of foreign medicines should not be too dogmatically asserted. The incurability of some ailments, and only the possible alleviation of the worst symptoms of others, should be pointed out, thus saving our students from many a disappointment when they come to put into practice the theories which they have learned from their books. The dangers of the indiscriminate use of foreign drugs, and the necessity of dietetic and hygienic measures as adjuncts, should also receive attention. Just here let it be said that the druggists of Shanghai and other ports are lending very questionable aid to the introduction of Western medicine into this country when they scatter everywhere their hand-bills setting forth in glowing colors the many virtues of their various preparations. The Chinese know nothing of the power of foreign drugs, nor have they any idea that there are remedies which must be taken for days before their action becomes apparent. On account of this ignorance the faith of many in the superiority of our methods of healing has been rudely shattered, and not receiving the expected benefit from their outlay of money, have returned to their own doctors and modes of treatment.

Knowledge on all subjects is needed in China, and the Christian physician can preach many a silent but powerful sermon by preparing books which in speaking of the wonders of the human body point also to the evidences of a Creator in its creation, and can warn against sin and consequent suffering when telling of the various diseases which flesh is heir to.

# CASES TREATED IN MEDICAL MISSIONARY HOSPITAL, CANTON.

By J. G. KERR, M.D.

# Cauliflower Excrescence of the Ovary.

THE patient was a married woman, aged 23, resident of Canton city. Had given birth to no children. She had suffered from dropsical accumulation for three years, and had been tapped four times. After each tapping, a tumor was felt in the abdomen, which was considered ovarian. An operation was proposed, to which both she and her husband assented, and as she was young and in good general condition, a favorable result was anticipated. After careful preparatory treatment the operation was performed on June 30th, Dr. Wales and Dr. Mary W. NILES assisting. An exploratory incision was made in the usual position, and several quarts of ascitic fluid discharged, but no sac was met. After the abdomen was emptied the tumor was felt, and the incision was enlarged so as to admit the hand in order to determine the nature and attachments of the tumor. It was found to be a cauliflower excrescence attached by quite a large base, and sending off branches, very much like the vegetable which gives it the name. It was exceedingly delicate in structure, and quite soft from long maceration in ascitic fluid. In the manipulation portions were broken off which gave rise to hemorrhage. It had no proper pedicle, but was attached to the ovary or fallopean tube by a base composed of the same substance as the tumor. For this reason it was seen that the entire tumor could not be removed, but the hemorrhage rendered it necessary to operate, although no hope of permanently benefitting the patient remained. A double ligature was applied to the base, by transfixing and tying on the two sides. After cutting through the base it was still necessary to apply several ligatures to stop hemorrhage. The ligatures were left long and were brought out at the lower angle of the wound. After cleaning out the abdomen, a small excrescence was found on the opposite side, which was removed. The wound was closed and dressed in the usual way. The tumor weighed one pound, but on account of its light, spongy structure, it was large for its weight, and filled considerable space.

The operation was followed by fever, pain in the abdomen, and suppuration, which was profuse for some time and gradually exhausted the patient. She died.

In the limited number of books on gynecology within my reach, I find no record of a similar tumor growing from the ovary or fallopian tubes. If not absolutely without a parallel, it is certainly very rarely met with. Some years ago I removed a growth from the verge of the anus of a boy resembling this in structure.

# Ovariotomy.

The patient was a married woman, aged 27 years, from Tung-kun District. Had no children. Suffered from the tumor for a period of four years.

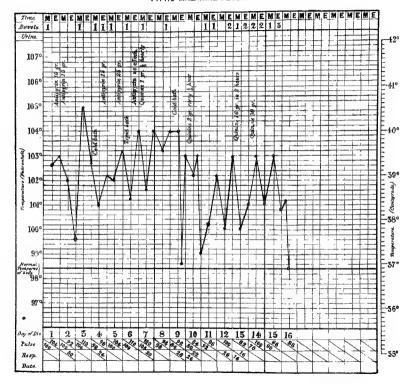
With the assistance of Dr. Wales and Dr. Mary W. Niles the operation was performed under chloroform on July 2nd. The tumor was large and contained about 25 lbs. of fluid. The cyst was multilocular, but by emptying the largest cyst with a trocar and canula, and the others through it, the whole was extracted through an incision four inches long. There were no adhesions except one slight one. The cyst weighed five pounds and four ounces. A double ligature was placed on the pedicle and it was dropped back into the abdomen.

The operation was followed by fever, with rise of temperature for a week of from 103° to 105°, and a swelling with pain was noticed in the right side in the position of the pedicle. On July 11th pus was discharged through the suture openings, and the same day the middle part of the incision was re-opened with the finger, and a free discharge of pus gave relief to the symptoms. The abdomen was syringed out with warm water and solution of boracic acid daily, and for some time twice a day, the fever in the meantime continuing two to three degrees above normal.

On the 15th of August, the ligatures were discharged through the wound, after which the fever disappeared. The patient improved and was discharged cured on September 20th.

This is the third successful case of ovariotomy operated on in the Medical Missionary Society's Hospital.

# CHART ILLUSTRATING THE EFFECTS OF VARIOUS ANTIPYRETICS IN A CASE OF TYPHO-MALARIAL FEVER.



# ANTIPYRETICS IN THE TREATMENT OF MALARIAL FEVERS.

By A. W. DOUTHWAITE, M.D.

During the past thirteen years, I have had many opportunities of investigating those diseases commonly called "Malarial"—a term, by the way, which seems to have been invented to cover our ignorance, somewhat after the fashion of the Chinese doctors, who attribute all obscure complaints to some disturbance of the "Ho" or "Ki." My object writing this paper is not to trot out a new theory as to the origin or nature of "Malaria," but briefly to sum up the results of my experience in the use of the various "antipyretic" and "antimalarial" remedies most commonly used in this country.

The Alkaloids of Cinchona naturally claim our first consideration, although they are so well known that nothing new can be said about them. That these alkaloids are powerful antiseptics and germicides there can be no doubt, and I believe that their action in aborting or cutting short an attack of Ague, is entirely due to their germ-destroying power. They pass rapidly into the blood, unaltered by the secretions of the digestive organs, and can be found in the sweat and urine within an hour after ingestion. Thus, there is no reason to doubt that they have a similar action on septic-germs in the living body as they have on those same germs in our laboratory preparations.

But, when given in large doses, Quinine has another effect, which it is not desirable to produce, namely, a general disturbance of the nervous and circulatory systems, as indicated by alteration of vision—sometimes amounting to temporary total blindness—intense headache, ringing noises in the ears, etc. I have seen a dose of 20 grains cause failure of the heart, through the power it undoubtedly has of paralyzing the contractility of the involuntary muscles, (as proved by the experiments of R. B. Wild, vide British Medical Journal, September 3rd, 1887).

I have long been convinced that, in China, the cases are rare in which we are justified in giving large doses of Quinine, and that with this, as with most powerful drugs, the best results will be obtained from small doses, often repeated. Occasionally we meet with a case of malignant Ague, in which nothing less than a 30 or 40 grain dose has any effect, but in ordinary cases I have accomplished all I desired by the administration of one or two grains every hour during the intermission, and such doses are not, as a rule, attended by any unpleasant subjective symptoms.

For the past eight years I have given, with almost unvarying success, the following pill:

Quinine	•••	•••		•••	***	1 gr.
Arsenic	•••			•••	•••	1 80 "
Thymol	•••	•••	•••	•••	•••	
Carbolic A	cid ā	•••	•••	•••		1 ,,
Capsicine	***					1

I direct one of these to be given every two hours in a mild case, and three each day for a fortnight after the symptoms of Ague have disappeared.

In the neighbourhood of Tai-chao, in Chehkiang Province, these pills are highly appreciated by the natives, who suffer much from Ague and Ascites.

In the Typho-malarial and Remittent Fevers of Chefoo, I have not found Quinine of much service, except as a Tonic. The antipyretic effect is uncertain, and can only be obtained by giving large and, I believe, toxic doses.

These remarks refer, of course, to its action on the natives. Foreigners bear the effects of this drug better than the under-fed Chinese patients who apply to us for aid, and Ringer states that in Pyœmia, Acute Rheumatism, etc., it has been given to the enormous extent of several drachms daily, without producing any toxic symptom.

As an antipyretic, Quinine must certainly take an inferior place to its recently introduced rivals—"Antipyrin" and "Antifebrine."

Antipyrin is of great value in reducing the temperature in fever of any kind. In Remittent Fever I have frequently seen a dose of 15 grains reduce the temperature from 103° to normal. Within an hour after giving the drug, profuse diaphoresis comes on, the headache ceases, and the patient usually falls into a quiet sleep. But it does not cut short the disease; and even when the dose is increased to 30 grains, it loses its effect in a few days if given frequently.

In the fever of Phthisis, small doses suffice to keep down the temperature, but it cannot be borne long, as the sweating, added to the depressing action of the drug, weakens the patient too much.

In Intermittent Fever it is said to cut short the paroxysm, but I have never seen it have that effect.

Antifebrine, or Acetanilid, I have found in some respects superior to Antipyrin. It is slower in its action, but its effects are more lasting. It has the slight disadvantage of being insoluble in cold water, but as the dose is small it can easily be given in pill, capsule or tablet, or suspended in milk, etc. It causes no unpleasant burning sensation in the stomach, as Antipyrin often does, and for administration in Phthisis it is preferable because it produces less sweating. The dose I usually give is five grains, and it is seldom that more than three doses are required in twenty-four hours; add to the above-mentioned advantages which it possesses over Antipyrin, the fact that it is only one sixteenth the

price of that drug, and no more need be said to recommend its use in Mission Hospitals.

But of all the antipyretics "known to the profession" none, in my opinion, are to be compared to the Cold Bath, if used early, before the tissues have become degenerated by long continued pyrexia. The prejudices of the natives, and their inherent abhorrence of cold water, render the use of this remedy in our Mission Hospitals impracticable as a rule, but now and then we meet with a patient who, driven to despair, or compelled by poverty, is willing to submit to any treatment, and he quickly learns to appreciate the pleasant after-effects of the bath.

In Typho-malarial Fever, if the patient is robust, I begin my treatment by immersing him in a bath of about 90° F. and gradually reduce it to 60° or less, and repeat it whenever the temperature rises above 102°.

For weaker patients, I prefer the cold pack, or the application to the chest, abdomen and thighs, of napkins wrung out of ice-cold water. Of course, this treatment cannot shorten the duration of fever, but it certainly prevents, or lessens the severity of many of the most distressing symptoms; and I have seen patients saved from impending death from coma by the timely application of cold water.

In an advanced stage of fever, or if the patient is anæmic, great care must be taken not to push this treatment too far, lest a dangerous state of depression ensue.

I will not take up more space on this subject, but refer the reader to the accompanying chart, shewing the effects of the antipyretic treatment adopted at several stages of the disease.

Chefoo, November 27th, 1887.

# ENTERITIS; PERÍHEPATITIS; INTESTINAL OBSTRUCTION; DEATH: AUTOPSY.

By Rev. A. W. DOUTHWAITE, M.D.,

China Inland Mission Sanatorium, Chefoo.

I. H. S., aged 27 years. Father died of Cancer at the age of 40; Mother still living and in good health.

Deceased arrived in China four years ago, and lived for several months in an unhealthy city, in the valley of the Yang-tsz river. He then made a long journey through the North-Western Provinces, during which he endured much physical hardship, and was often compelled to live on poor or insufficient food. Early in 1886 he had a severe attack of Typhus, with many complications, the bowels being especially affected. In the Spring of 1887, while travelling in Shan-si, he was attacked by a band of Chinese roughs, and severely beaten on the head, after which—according to his own statement—his temperature rose daily to 105°, and he suffered much from headache.

He reached Chefoo in June last, and immediately put himself under my care. I examined him carefully, but could find nothing wrong, beyond general weakness, so I advised him to remain here for the Summer, and avoid fatigue of any kind. His appetite was good, and he rapidly regained strength, but always had a sallow, unhealthy-looking skin.

In September he had so far recovered his strength that he decided to return to his station in the interior, but, on the 14th of that month, he fatigued himself by rowing, got his clothes saturated with perspiration, and neglected to change them. In consequence of this, when I was called to see him two days later, I found that Enteritis had set in. The notes in my case-book of that date give the following symptoms:

"Obstinate constipation, pain in right iliac region and bladder, darting along the penis occasionally. Temperature 101°." I gave him an enema of Castor oil twice, but as that failed to act, I made no further attempt to procure an action of the bowels, and ordered frequent hot fomentation, Morphia to be given hypodermically when necessary, to relieve pain.

The inflammation commenced near the execum, slowly extended along the colon as far as the sigmoid flexure, and then ceased.

By the end of the third week, convalescence seemed fairly established, and for several days the patient progressed rapidly toward recovery. On October 16th his appetite failed, and he complained of feeling ill. On the 19th he had a rigor, followed in a few hours by unmistakable symptoms of Hepatitis. I found the liver considerably enlarged upwards, so, suspecting abscess, I marked the area of dulness, and watched day by day for indications of the formation of pus. For the first few days, the temperature rose every evening to 102°, but afterwards was seldom over 101°. Toward the end of the month the symptoms abated, and once more the patient seemed on the way to recovery.

On November 1st, I examined him carefully and found the liver still enlarged, but no tenderness on pressure, except over the gall-bladder, and that very slight.

On November 3rJ he complained of sharp pain in the right iliac and bladder. The temperature rose at irregular intervals to 102°, but never remained at that point more than two hours, being in the intervals from 98° to 100°.4. This continued till the 8th, but the pain came on more frequently, and the paroxysms were frequently accompanied by diarrhea. On November 8th the temperature

kept up to 102° for several hours; there was great tenderness and slight swelling in the left iliac, with continuous lancinating pain in the same region.

Toward evening, the temperature fell to 100°, and about 2 oz. of pus, mixed with blood—but no fœces—was passed from the bowels, probably from an abscess which had burst into the rectum.

After this, there never occurred any marked rise of temperature. Dulness on percussion still indicated enlargement of the liver, but there was no tenderness felt on deep pressure. The whole abdomen was tender, and tympanitic; the pain in the region of the cæcum became daily more acute, and was unrelieved by fomentations or anodyne applications.

Difficulty and pain on micturition also increased, and it became necessary to give hypodermic injections of Morphia every few hours. His appetite failed completely, so I ordered beef-juice, milk and wine in small quantities every hour. Feecal impactions and stereoraceous vomiting were then the most urgent symptoms.

In consultation with Dr. W. A. Henderson, who kindly assisted me during the later stages of the case, we decided to give the patient an anæsthetic, and attempt to remove the impaction by massage, and inject a copious enema of Castor oil. The first attempt was unsuccessful, but two days later we brought away a large quantity of hard sciballa; a third operation produced a still more free motion of the bowels, attended with intense pain.

From this time to the termination of the case there was no further obstruction, but the anorexia, pain, and vomiting continued, and the patient became more and more emaciated; a hard tumour could be felt in the excum, and the acute pain in that region caused us to suspect cancer, notwithstanding the youth of the patient.

Death occurred on December 8th, the patient retaining consciousness until a few hours before his decease.

Autopsy eight hours after death. Conducted by Drs. Henderson, Cameron and myself.

The whole contents glued together by adhesions. The liver not enlarged as we supposed, but adhered to the diaphragm. There was a small abscess in the right lobe, containing about two drachms of pus. The colon soft, and easily torn. The excum attached to the walls of the abdomen, and to the adjacent intestines, by strong, fibrous bands. It was soft in some parts, hard and hypertrophied in others, and infiltrated with a black substance, the nature of which we have not yet ascertained.

The bladder firmly attached to the intestines; spleen slightly enlarged; kidneys normal.

Remarks.—The post-mortem examination explained the necessity which had existed all through the case for large and frequent doses of Morphia, and also

revealed the cause of the pain which attended micturition. A portion of the cecum has been sent to Dr. Macleod, of Shanghai, for microscopic examination, and we await his decision as to whether the infiltrations mentioned are cancerous or not.

# MEDICAL WORK IN THE UNITED STATES.

By H. W. Boone, M.D.

WHILE home on a visit last year, the Board of Missions of my Church requested me to visit the leading Universities and Colleges in the United States, and also the Medical Schools, for the purpose of interesting the professors and students in our mission work in China. This enabled me to visit some of our medical colleges and study their work. While I saw much to interest me in the University work in general, the pages of a medical journal are hardly the proper place for the discussion of that work, and I shall confine myself to an account of Medicine and of medical teaching in the United States. The first school visited was the Medical Department of Harvard University at Boston, Mass. This, one of the oldest schools in America, has a long list of honored names. The names of WARREN, BIGELOW, BOWDITCH, OLIVER WENDELL HOLMES, and others, have obtained a world-wide celebrity and conferred honor on the institution where they have laboured. A few years ago the medical school removed into its new quarters. This building has been fitted up in the most elaborate manner to aid the study of Medicine; the laboratories for Chemistry, Physiology, Pathology and Biology are large, well supplied, and fully fitted for the most elaborate work in these departments, and every care is taken that the students shall have full instruction, and the chance of actual laboratory work for themselves, to enable them to grasp the problems with which modern Medicine has to deal. The class-rooms are well arranged, and great care has been taken to arrange adequate accommodation in reading-rooms, smoking-rooms, and comforts for the students so as to make their studies agreeable to them. The Museum is very full, and the specimens and anatomical preparations are of the utmost interest and well repay a careful study of them. The course of study requires three full years of work with several examinations, oral, written, clinical, and laboratory, before a degree is granted. The standard of work was raised years ago but the classes of Harvard are larger than they were before this change took place. At the Massachussetts General Hospital I saw a large, fine hospital, standing in its own grounds, with wards for private patients, and larger general medical or surgical wards. Dr. Shattuck kindly took me round his medical wards, where the patients were receiving the most rigid care, and a full staff of resident medical men, dressers and trained women nurses looked after their wants. I was struck with the excellence of the medical work done here, the care in diagnosis and the admirable methods of treatment, the attention to the smallest details and the perfect purity and cleanliness of everything in and about the wards. The surgical wards contained many most interesting cases; thorough antisepsis was the rule and the results of treatment were satisfactory. The operating-room was well arranged and well lighted; the large collection of instruments, and their admirable arrangement for immediate use (as they lay under glass show-cases) was most striking. I had the privilege of seeing operations performed in general surgery and gynecological work, by Dr. MAURICE RICHARDSON, Dr. Elliott and other men. Much care was taken in accurate diagnosis; in serious cases the patient had the benefit of consultation among the surgeons of the Hospital. The operations were performed with great care and with thorough asceptic precautions, and the medical students received full and elaborate clinical instruction. I was taken to the County Hospital and to several smaller institutions; though the details in these different institutions varied, there was the same evidence of careful, painstaking work. I had the privilege of meeting the leading medical men at their work and also at social gatherings, and was impressed by the evidence of careful culture, of deep interest which they showed in their work, and by their delightful conversation in their hours of relaxation. At Albany, the capitol of the great State of New York, I happened upon them when the members of the medical profession, as well as the medical students, were assembled at the Medical College to listen to an address on "Ancient Egypt," by Grant Bey, the Egyptologist. A large and valuable collection of Egyptian antiquities was displayed to our view, and the lecturer kept us spellbound while he told us of the manners and customs of that great people. After his address was ended a number of important surgical operations were performed by Professor Vanderveer and his colleagues. The dexterity of the operators and the thorough way in which the work was done was admirable to behold, and thorough antiseptic treatment was carried out. At the request of the faculty, I addressed the members of the medical profession and the students on the subject of Medical Mission Work in China, and in the evening attended a large reception, when addresses were made. I next visited Philadelphia, and dropped in upon the meeting of the surgical section of the College of Physicians and Surgeons; the President, Professor GROSS, was in the chair; papers were read and discussed, and Drs. Gross, Morton, PACKARD, BRINTON, KEEN, ROBERTS, and others spoke. I noted the earnestness of the speakers, the full reports of cases which had not turned out well, and the evident desire to gain knowledge rather than to obtain applause which seemed to pervade the meeting. A most cordial

greeting was extended to me, and I visited the Pennsylvania, the Blockley, the Episcopal, the Woman's and the Orthopædic hospitals, and attended the clinics at the University and also at the Jefferson and at the Woman's College. I also attended the emergency wards, where patients were brought by the ambulances for immediate attention. I saw surgical operations of every variety,-Ovariotomy, Spaying, for vesico vaginal fistula, for rupture of perineum, for the removal of tumors; tying of arteries; amputations; for ununited fractures; for hernia; for eye diseases; and orthopædic work. These operations were all performed under the most thorough asceptic conditions; great care and skill was displayed. and I saw several new and important innovations in the routine ways of work. The instruction given to the large classes of students was full and clear, and the colleges were well supplied with all the modern methods for elaborate work. The College of Physicians and Surgeons of Philadelphia, is one of the oldest (if not the oldest) Medical Society in America. It is worthily lodged in a noble building, and has a library and a museum of great value. I attended a meeting of the College, and after listening to an interesting debate on quarantine, examining some cultures of the alleged germ of yellow fever, and hearing the discussion of that question, at the request of the President, Dr. S. WEIR MITCHELL, I addressed the fellows and members of the College and laid our work and its claims before them. My next visit was to the "John's Hopkins" University at Baltimore. This institution has vast endowments, which are spent more in giving most liberal salaries, to attract men of the highest talents to its aid as teachers, than in a grand display of architecture. - President GILMAN gave me a most kind reception and put me under the care of one of the staff, I visited the libraries, the class-rooms, the admirable laboratories, where nomoney or labor is spared to have everything which can conduce to good and elaborate work. Many men are working here who have graduated from other institutions of learning, and are here pursuing higher courses of post-graduate study and of independent personal investigation of scientific problems. I then went to visit the new "John's Hopkins," Hospital. This institution stands in the midst of large grounds. The buildings are the butcome of an elaborate study of rival plans by a well-chosen committee, and the result is that these buildings are unapproachable by any other hospital buildings which I have ever seen in Europe, England or America. The elaborate care which has been bestowed on the ventilation, the warming, the lighting, the isolation of the separate buildings, the separation of each private room from all other rooms, and the excellence of the administrative portions of the buildings, are a lesson to all intelligent students of hospital construction and hygiene. The pathological laboratory attached to this hospital is elaborate and ample in all its details of construction and furnishing for work. It is nearly 10 years since this hospital was projected, and it was to be opened soon after the time of my visit. It is

palatial, and my one criticism on it is, that only the "John's Hopkins" funds can ever build and carry on such an hospital in the style in which it is proposed to administer it. Professor Welch kindly took me over his Pathological laboratory at the hospital, where young men pursuing advanced studies were working under him, and showed me the cultures and the methods of work. It is proposed, when this hospital is opened, to carry on the most careful, methodical and comprehensive methods of work for the investigation of disease as well as the usual treatment for the relief of the patients. While in Baltimore, at the request of President GILMAN, I addressed the University classes and endeavoured to give them some idea of what China was 20 or 30 years ago and what it is now, with its prospects for the future, as well as some idea as to mission work and the outlook for that work in the years to come. in Baltimore my friend Dr. Chisolm, showed me admirable work in the opthalmological department. He has a very large out-patient clinic and a hospital with some 60 beds; his results are admirable and most instructive. My next visit was to Richmond, Virginia, where I met that distinguished surgeon HUNTER McGuire, Dr. White, and other eminent men, and saw something of the work done in the Southern States. There was much of interest here, and good work was done. I now returned to New York for a longer period of work. While there I visited the medical school of the College of Physicians and Surgeons, the Medical Department of the University of New York, and Bellevue Medical College, and contrasted the work of these three great medical colleges. I visited Bellevue Hospital, New York Hospital, the Roosevelt Hospital, the Presbyterian and St. Luke's Hospitals, the Woman's Hospital, and other institutions. The President, Dr. Abraham Jacobi, invited me to address the Academy of Medicine, and I tried to interest that learned body in our work. There are men in New York whose names are known and honored throughout the civilized world for the contributions which they have made to the various branches of Medicine, Surgery, Gynecology, and other departments of medical knowledge. admirable work done in the purely medical branches, and operators whose skill and judgement made it a pleasure to follow them in their work. Any man who has had much personal experience in Surgery and Operative Surgery, must feel delight in following a Sands or a Gaillard Thomas through all the steps of an operation. and must come away from such a clinic with the feeling that he has learned something worth knowing. Post-graduate teaching is popular in the United States, and to a certain degree it fills a want. What the ultimate status of this new departure would be the writer could not ascertain. The medical school of the College of Physicians and Surgeons of New York is lodged in a noble building, the gift of the late Mr. VANDERVILT. The Museum is very fine and the laboratories for the prosecution of Pathological studies are fitted up with the most modern appliances for study and investigation. The Medical Department

of the University of New York has a fine building, adjacent to which the new "Looms" building, to be devoted to laboratories for Physiological and Pathological work, had just been completed. The Bellevue Medical School with its fine buildings stood opposite to the college buildings just mentioned. The men who study Medicine in New York have thus every advantage for learning,—great hospitals, admirable laboratories for work, good museums and libraries, and a large and brilliant staff of teachers. There are other medical schools in the United States of very varied degrees of excellence. I speak, however, only of those which I visited, where, through the courtesy of the Faculties, I was afforded every opportunity of seeing the men and their work.

After my experience at the Congress at Washington, where the men of the Western and Southern States had the larger share of the papers and the debates, and after visiting some of the medical schools in the older, Eastern States, one sees the change which has come since his own earlier days of study. Anatomy is more fully and elaborately taught, greater attention is paid to Histology and to Microscopic Anatomy, more stress is laid on Pathology. Physiology and Chemistry are taught in the laboratory; the student there verifies the facts laid down to him, and he learns to manipulate for himself. Medicine and Surgery are taught as rational sciences, and great attention is given to clinical teaching. There is an earnestness among the higher grades of the profession which strikes one; they love their work for the work's sake, and they are fully imbued with the dignity of their profession. They, the successful ones, are well paid, and they live in the elaborate and expensive style of the world around them; they are of the world, and yet, by their profession, they are above it.

One cannot leave America, after his visit, without feeling that much excellent work is being done there; that the leading schools of Medicine are well up to the times, and that the standard of medical and surgical work among the leaders of the medical world is a high one. The kindly welcome and the liberal hospitality of America to visitors from other parts of the world is fully carried out by the Doctors, and the writer is under a deep sense of obligation for the great kindness shown to him by the members of his own profession.

### FOREIGN BODIES IN THE MALE URETHRA.

By B. C. ATTERBURY.

Pouler, in his Treatise on Foreign Bodies in Surgery, gives a long list of articles which have been extracted from the genito-urinary organs. It includes nearly everything which has length, breadth and thickness, and the objects were introduced for therapeutical or erotic reasons.

I cannot find, however, outside of the medical literature of China, any mention made of cases similar to two I wish to speak of, thus showing that in this line as well as in others "for ways that are dark and tricks that are vain the heathen Chinee is peculiar."

It seems that among some of the Taoist sects there are those who, for the purpose of warding off disease and fortifying the system, pay great attention to medical gymnastics, or what is known in China as kung fa. One of their practices is to introduce into the urethra bougies with the idea of keeping open the "path of life," preventing stricture, and curing spermatorrhea. Dr. Dudgeon in his hospital report for 1873, gives an interesting account of one of these cases, and I can do no better than quote part of what he says. His patient was a Manchu, about 30 years old, who had joined one of these sects. For 10 years he had inserted every night into his urethra a lean bougie, removing it in the morning. These bougies are of various sizes. When about to be introduced they are rubbed with mercury and are carried by their own weight towards the perineal region, where they can be felt. In the morning their extraction is effected by turning the body to one side and using a little pressure. Seven days before the operation he had made a sudden jerk on rising in the morning and the little bougie reversed its usual practice and dropped into the bladder, where it was found. It weighed 256 grains and measured two-and-a-half English inches. Dr. Dungeon goes on to state that these bougies can be bought in this city.

Dr. Bushell also tells me of an analogous case, in which he removed from the membranous portion of the patient's urethra a piece of pewter two inches long and shaped like a bougie. At the time, he was told that the man was a member of a Taoist sect.

I have recently seen two similar cases, which were operated upon within a week of each other,—one at our own hospital, and the second at that of the London Mission. The "bougies" in both these cases were pieces of bone chopsticks, about  $2\frac{1}{2}$  inches long and carefully rounded at both ends. My patient will say but little as to how the piece of bone got into his bladder, but from his

account, the nine months during which he affirms it was there, must have been a time of great suffering.

It was easily removed by the "median operation." An incrustation of the phosphates had formed around the article, which weighed altogether 465 grains.

The case operated on by Dr. PRITCHARD at his hospital was very like this one, but as he intends to publish an account of it, I will do nothing more than allude to it.

But little information can be gotten from the Chinese beyond what is here given on this subject, since but little is known about it outside of the members of the sect, and they are said to be sworn to secrecy. These cases, however, show that the practice of inserting these bougies cannot be a very uncommon one, at least in this part of China.

### SOME SPIRITUAL RESULTS OF MEDICAL MISSION WORK.

By J. K. MACKENZIE, M.R.C.S., L.R.C.P.

In the hope that our Journal will become truly a mirror of hospital practice, in that broader sense of the term in which we Medical Missionaries are justified in using it, reflecting not only the triumphs of Western Science in the healing of the many sicknesses flesh is heir to, but reflecting also those grander triumphs which as spiritual physicians we are privileged to witness, in undertaking that higher and holier aspect of our work wherein we bring to the sin-stricken soul the medicine which alone can cure—In this hope, I venture to submit the following instances occurring in my hospital practice.

### The Christian Soldier.

CHANG-TÉ-CH'UN, aged 30, a soldier. He was in hospital over two years ago, undergoing a surgical operation (amputation of penis for epithelioma). He made a good recovery and during his convalescence became much interested in the Gospel. Manifesting evidences of conversion, he was baptised in Tientsin before his departure to his camp at Lu-t'ai, some 200 odd li from here. He has paid us visits off and on as opportunity allowed, and he has ever showed a warm love for the Saviour and a desire to propagate the Gospel. On one occasion he brought a subscription to be devoted to helping poor patients. In the hospital gate-house, during one of his visits, he met a Bible colporteur, whom he invited to visit Lu-t'ai. The colporteur accepted the invitation, and our

soldier friend gave him a hearty welcome; he introduced him amongst his acquaintances, bore witness to the Truth, and in the public street urged the people to buy the Scriptures and turn to the Saviour. His aggressive Christianity brought upon him so much persecution in the camp, where the men are generally the ruffians and ne'er-do-wells who have found their own neighbourhoods too hot for them, that, after having received a severe beating from his comrades, he decided to leave the army. In China, no difficulty is thrown in the way of a soldier leaving his regiment in time of peace, as there are always more applicants for enlistment than can be accepted, and his training hitherto has not tended to make him a specially valuable article in the market. Though Chang-têch'un left the camp he did not leave Lu-t'ai, but, being a man of many expedients, and having saved money, he opened a general shop in the town, and has since prospered. He continues as zealous as ever, and is a witness for Christ in his district. A missionary friend, during a tour last year, visited Lu-t'ai with the colporteur above referred to, and remained a day or two preaching in the place. He told me he met two Christians there, both of whom had been old patients, but especially spoke in warm terms of the earnestness of Mr. Chang, and of the help he had received from him. Mr. Chang brought two men forward, who had been instructed by him and who were hopeful inquirers.

It is very difficult in China for a man to be a Christian and a soldier at the same time. Quite apart from the character of his comrades, he is expected to take part in idolatrous practices. Two or three times every year the "cannon" are brought out for worship; offerings are presented, incense is burnt, and the officers and men prostrate themselves before the guns. What has been said of soldiers applies with still greater force to officers, whether civil or military. A blue-buttoned military mandarin who was an in-patient during the year, shewed much interest in the Gospel, and appeared to realize in some measure his need of a Saviour, but the consequences staring him in the face, if he became a Christian, were such that he could not encounter them. "It would mean ruin to all my prospects," said he, "and I should have no rice to eat." So with civil officials; it practically means forsaking office to become a Christian. Two men of this class were so far hopeful that they examined into the Truth with apparently open minds, and in each case were considerably influenced. One was a Chou magistrate, and the other a grain official, both scholarly men, but the difficulty felt by each was, "I cannot be a Christian and continue to hold my office." Social ruin, they thought, would be the outcome of such action; and they were not prepared to forsake all and follow Christ.

### A Mandarin willing to confess Christ.

LIU-TSUNG-LIN, aged 36, is a Nankin man, and the son of a Sub-prefect.

Though his rank is military, he has had a good education, and belongs to a good

family. Such a combination is by no means common. Presumably, for this reason he is not attached to the army, but is employed on the Viceroy's staff, to fill special service appointments. Mr. Liu was an in-patient in the fourth month of the past year, suffering from a diseased elbow-joint, which rendered his left arm useless. He made a complete recovery with a useful arm. While with us he read the Scriptures and other books, and took a pleasure in conversing about Christianity. He had less pride than most men of his class, and was altogether a very lovable man. When he left the hospital, like so many more. he was undecided, and we could only leave him to God, not knowing what the result would be. It was evident that his friends would prove his great stumbling-block. Still he continued to attend Sunday services, and having become an applicant for baptism, he was received in the 10th month. Living in good style, and being an amiable man, he naturally had many friends; some of them belonged to the order styled in China "Chiu3 jou4 p'êng2 Yu3," which is, literally, wine and meat friends. In this country such men are veritable leeches, and Mr. Liu found it difficult to shake them off. The early morning would find them in his guest-room, and when he went abroad they would be ready to escort him. Before his baptism he several times started to service, or to visit us, but with his "friends" dogging his steps he was ashamed to come. Then they began to insinuate that he was going over to the foreigner. To become a Christian is, with the wealthy Chinese, equivalent to becoming a Kuei3 tzŭ3 nu,3 i.e. a devil's slave, devil being the polite designation applied to the foreigner by the Chinese in their own homes. It was his good old motherall honour to the old lady-who at last came to the rescue and gave the "friends" a thorough rating, declaring that her son was doing no disgraceful act in joining the foreign religion. From this time he took a more decided stand. He threw away his ancestral tablet, and cleared his house of every trace of idolatry. His old mother, over 60 years of age, who reads well, is much interested in the Gospel, having been instructed by her son, and having studied the New Testament for herself. A man-servant in his employ is also under instruction.

### Go home to thy friends and tell them how great things the Lord hath done for thee.

KÉNG-LIEN-CH'ÉN, aged 30, a pedlar, was converted while in the hospital two years ago under treatment for a sinus. He carried on his calling for some time in Tientsin, and was received into the Church. About seven months ago, needing a coolie in the hospital, and wishing to have a Christian man, we engaged the pedlar. He gave great satisfaction, as he devoted nearly all his spare time to teaching the patients what he himself knew, and as he had a good knowledge of characters and was well acquainted with the New Testament,

besides being very earnest, he was a great help to us. About a month since, he asked permission to leave, as he felt it on his conscience to return to his home at Laoling, some 300 li from here, and there preach the Gospel to his relatives and friends. "Go, by all means," said I, for I wish that more of the Christians had it in their hearts to go and tell others what God has done for their souls. I trust he may be sustained and blessed in his Mission.

### Going Home.

We have had the privilege of seeing what comfort Christianity brings during the last moments of life, in two cases dving in hospital within the year. One had served the Lord for some years in the capacity of a native preacher in connection with the American Methodist Episcopal Mission. He became an inpatient for acute inflammation of the bowels, which led to the formation of abscess, and the cutting short of his promising career at the age of 39. Mr. WANG-CHIH-HO always had a bright and happy smile to greet one upon entering his ward, and you felt, while conversing with him, that Christianity did indeed mean to him faith in a living Christ. The day before he died, though there were no special symptoms to denote that the end was immediately coming, he himself realised that death was close at hand, yet, with this presentiment God graciously sent calmness and peace of heart. On this day, after one of the dispensers had been speaking as usual to the patients in his ward, Mr. WANG addressed them, and spoke of his expectation of death, and of the certain hope he had of life eternal in Christ Jesus. His words were accompanied with spiritual power, and while speaker and listeners wept together, those who were able to knelt upon the floor, while the dying believer prayed for God's blessing upon them.

### Not lost, but gone before.

Another case was that of Wang-san, aged 28, who entered the hospital in 1886 for chronic disease of the knee-joint, which totally disabled him. As a last resource excision of the knee-joint was performed and the bones wired together with careful antiseptic precautions, and he was enabled to get about again with a straight limb. But his constitution had been shattered by his long illness, and he died in hospital eight months after the operation was performed. Upon his first coming under our care, he was very callous, and indifferent to everything but his sickness; this condition lasted for about a month, during which time it seemed well-nigh hopeless to move his heart, but he awoke at last to a sense of his sinfulness and need of a Saviour. When he got about again after the operation he was baptised, and proved himself to be a simple-minded, warm-hearted Christian. Not knowing a character when he first came in, he could at the time of his death read his New Testament fairly well, which speaks

highly of his interest and perseverance. At 10 o'clock at night, four hours before his death, I sat on the side of his k'ang; he was evidently sinking, yet his mind was quite clear, and we talked together of the hope beyond the grave. He was quite restful and happy. His was a simple faith, but, oh, you could not doubt its potency as you saw his face lit up with the radiance of hope. After prayer together, I wished him good-bye, not expecting he would live until the morning. His last words to me were, "Doctor, I shall be waiting for you in Heaven; I am going on before." This man, a year previously, had been dark and dead in heathenism; now he was a new creature in Christ Jesus. As I went to my own room, I thought to myself, "Ah, this is indeed worth coming to China for."

London Mission,

Tientsin.

February 7th, 1888.

### CORRESPONDENCE.

"NEUROPATHIC PAPILLOMA," AND
"ERYSIPELAS."

SIRS,

Dr. COUSLAND'S interesting case of "Neuropathic Papilloma," narrated in the December Number of our Journal, induces me to send the following notes I have by me of a case I saw when at "The London Hospital." The patient was a married woman, age not noted. On the left side of the neck, extending upwards as high as the ear and slightly across the middle line to the opposite side, was a soft, fleshy wart-like growth, blackish in appearance. She was born with it, and it gave her no trouble for years, but after the birth of her child, at the time she began to suckle, it commenced to discharge a mattery fluid, for the relief of which she applied to the hospital. She was ordered an alum lotion locally. Unfortunately, I was not able to follow the case afterwards. My notes are not very full, as they were written, I believe, from memory, during the busy life of a large hospital. Dr. COUSLAND'S description, however, is very minute and faithful, and I trust my brief contribution may stir up others to contribute their quota to the many cases of rare skin diseases that must from time to time be coming under observation, Such notes would be greatly enhanced in value if accompanied by a photograph. A good camera ought to be part of the equipment of every hospital out here. In the September Number, Dr. AITKEN contributes a case of Erysipelas, in which he warns against the use of Iodine locally, especially in Erysipelas of Face and Neck. He says, "several cases of meningitis have followed the use of Iodine," and narrates one fatal case, of which he was a witness. I should be grateful to Dr. AITKEN if he could refer me to the records of meningitis after use of Iodine in which the diagnosis was confirmed port mortem, and I should like to ask whether the case he witnessed was so confirmed. I think this is important, for the symptoms of meningitis are so protean that one hesitates, in the absence of a post-mortem examination, to speak decidedly. Helton FAGGE writes, "when there have been severe cerebral symptoms, it has often been supposed that imflammation has extended from the scalp or the face to the membrane of the brain, Post-mortem examinations, however, have very rarely verified this suspicion." I can only recollect ever having seen one case of meningitis after Ervsipelas. and in that case the disease spread to the soft tissues of the orbit, producing cellulitis and so inwards through the sphenoid fissure. I have had but little experience of Iodine locally, (having used it but once, and that with good result.) but I have had considerable experience of another local remedy which is systematically written down in every textbook. I quote from one; -- Marcus Beck writes: "Cold is utterly inadmissible; it aggravates the imflammation, and tends to cause suppuration or even sloughing." And vet, cold has been the regular treatment for years at the largest hospital in England,-lint soaked in evaporating lead lotion being the routine treatment. Such treatment, I can say, despite the text-books, is highly successful. Of course cases die; so they will under any treatment; but can we say cold is the cause? Because some deaths have followed when Iodine has been used, must we give it up? If so, what treatment shall we have left; for of all the numerous "infallible remedies," I doubt if any can show a clean record. Despite the numerous vaunted specifics, including T. Ferri Perchlor. I must say my experience is, Brandy and Egg is as good as any.

> Yours truly, Sydney R, Hodge,

#### GROWTH OF THE EUCALYPTUS.

In reply to Mr. BARBER's question about the growth of the Eucalyptus in Mid-China, and its use as a preventive of malarial poisoning, I may say that I know it has been tried in several parts of the Province of Chekiang, but with little success.

I have grown it myself in Shao-hing, Kichao and Wen-chao, but out of several
hundred plants I succeeded in raising only
about half a dozen. In Ki-chao, S.W.
Chekiang, I tried the E. Globolus and E.
Lancifolia, and by carefully protecting them
during the winter, I preserved them for four
years, during which period one of them
(E. Lancifolia) attained the height of over
ten feet, but it was afterwards killed by
frost. In Wen-chao, where the Winter
season is mild and short, I think it might
be grown, but the four hundred plants I
attempted to raise there were all destroyed
by a typhoon.

I believe it would be useless to attempt to grow the Eucalyptus in any place where the winter temperature is below 30° Fah.

As to its power of preventing malarial poisoning I have had no personal experience, but the experiments made in Italy, especially on the Campagna Romana, prove that it has the power of turning a deadly marsh into a dry, healthy park.

This, I think, is due to its power of rapidly absorbing great quantities of water, and not to any "anti-malarial" property in its leaves,

I think Mr. BARBER would find that a hedge of Chinese willows, planted between his house and the pond, would answer his purpose, and be more likely to grow than the Eucalyphus.

A. W. DOUTHWAITE,

Chefoo, December 29th, 1887.

### THE PHARMACOPCEIA IN CHINA.

In the very useful list, prepared by Dr. J. C. THOMESON, of foreign medical works now exising in the Chinese language, I notice that I am credited with preparin

a book with the above title. This is a slight mistake. The correct title is A Handbook of Pharmacy in Chinese (萬國藥方 Wan Kuo Yüeh Fang), being in the main a translation of Squire's Companion to the British Pharmacopæia, with additions from the United States' and Indian Pharmacopceia, and from other sources. I began the translation of Squire in 1882, while teaching a class, without any thought of publishing it, and completed it in an imperfect way in 1884. After the revision of the British Pharmacopæia and the issue of the 14th ed. of Squire in 1886, I revised the translation to conform with that edition. But owing to the press of other duties, I have not yet completed the indexes nor given it that final and careful revision which is necessary for publication. When completed I hope to publish it. Meantime, I notice that Dr. DUDGEON has translated the same work and that it is now in press. While it is unfortunate that two persons should be engaged upon the same translation at the same time without knowledge of each other, yet perhaps each may thus contribute something that will be of value in forming a complete and uniform nomenclature.

S. A. HUNTER,

Am. Presbn. Mission, Wei Hien, Jan. 16th, 1888.

### THERAPEUTIC NOTES.

### PARSON'S LOCAL ANÆSTHETIC.

Chloroform			12	parts
Tr. Aconite			12	11
" Capsicum	•••		4	11
" Pyrethrum		•••	2	**
Oil cloves			2	31
Camphor			9	

Dissolve the camphor in the Chloroform, then add oil of cloves, and then the tinctures.

#### LABEL PASTE.

Gum tragacanth, one ounce; Gum Arabic, four ounces. Dissolve in water, one pint; strain and add thymol, fourteen grains, suspend in glycerine, four ounces, finally add water to make two pints.

This paste will keep indefinitely, and is suitable for labeling slides, glass bottles, wooden boxes, etc.

### CHARCOAL AND CAMPHOR.

A mixture of equal parts of camphor and animal Charcoal is recommended by Barbocci for preventing the offensive odor and removing the pain of old excavated ulers. The camphor is stated to act as a disinfectant, and the charcoal absorbs the offensive odors.—British Medical Journal.

### THE LIME TREATMENT OF CANCER.

Dr. P. Hood, in a letter to the Lancet, October 1st, 1887, refers to a former communication by him, in which he recommended the carbonate of lime obtained from oyster-shells as a cure for cancer. He says that the pharmacopeeia preparation may be used in doses of six grains in a wine-glass of milk or other fluid such as tea, two or three times a day. He also recommends the

following ointment as a local application:

Cretæ preparatæ ... dr. iii Ol. amygdal ... fl. dr. ii

Mix the oil intimately with the lime and add two ounces Lanoline; apply twice a day. Should the smell be unpleasant, three or four drops of oil of bergamot or geranium will correct it.

### RELATIVE VALUE OF ANTIPYBINE AND ANTIFEBRIN.

Dr. WALTER BARR, of Bridgeport, Ill., has made a most careful clinical study of the above drugs on himself whilst suffering from neurosthenia complicated with malaria, He sums up his experience thus:—

#### ANTIPYRINE.

Lowers temperature in half an hour, Effect lasts two hours, More diaphoretic, Depressing after-effects, Cerebral sedative, Dose 15 to 30 grains, Tolerance from continued use,

ANTIFERRIN.

Lowers temperature in an hour or more,
Effect lasts 6 hours,
More diuretic,
No after-effects,
Cerebral vaso-motor stimulant,
Dose 5 to 15 grains.

This valuable table shows at a glance the relative value of the two drugs. When a quick acting antipyretic is necessary Antipyrine is called for; but when an hour or two is not of such vital moment, the more slowly acting drug is to be preferred. The dose of antifebrin is smaller, its effect lasts longer and there are no depressing aftereffects. These are very strong recommendations for the use of the latter medicine.—
Therapeutic Guzette, June 1887.

Tolerance from continued use,

Prof. Frazer, of Edinburgh, who has also been experimenting with these two useful drugs, has come to practically the same conclusion. He uses Antefebrin largely, though he prefers to give it in 4-grain doses, repeated if necessary every four hours.

#### SPASMODIC ASTHMA.

Treatment during the paroxysm:

"When irritating matter is present in "the stomach, an emetic of 20 grains of "Ipecacuanha, or a subcutaneous injection "of 10 grain of Apomorphia, will give "prompt relief . . . In case of Catarrhal " Asthma, during the paroxysm 10 minims of "Ipecacuanha wine with 15 minims of "Ethereal tincture of lobelia, given every "half hour for two or three doses, will often "prove serviceable. The fluid extract of "Grindelia Robusto (U.S.P.) in 15-minim "doses may be substituted for the "ether . . . . A powder containing "four drachms of powdered stramonium, "two drachms of each of powdered nitre and "aniseed, and five grains of tobacco, is a "very efficacious combination, much used at "the Brompton Hospital. A teaspoonful of "this powder should be made into a conical "heap on a plate, lighted at the summit, and "the fumes inhaled through a large, inverted "funnel."

### CATABRHAL ASTHMA,

"One of the most valuable remedies is "Iodide of Potassium in combination with "Stramonium. The Iodide is especially "indicated in those cases in which there is "a nightly paroxysm, but in which there is "perceptible dyspncea and wheezing through-"out the day. Three to five grains of "Iodide with 1 grain of Extract of "Stramonium should be given every 3 or 4 "hours during the day. After an attack of asthma it is good practice to give

"Digitalis (5 to 10 minims three times a "day) to restore tone to the heart and small "vessels."—Douglas Powell, Diseases of Lungs, 3rd Edition, 1886.

### ANTISEPTIC TREATMENT.

"All unpurified skin teems with microorganisms, especially in a part where two surfaces of skin approximate each other, or where sweat glands are largely developed. To purify the skin thoroughly, it should be washed with warm water and soap, and after that well bathed with a 5 per cent solution of carbolic acid. The operator's hands and the instrument should be purified, either by prolonged soaking in Carbolic, or by first washing with soap and water, and then douched with carbolic. No instrument should be used that has been merely dipped in the carbolic solution. Sponges should be purified after use by soaking and repeated washings in soda and water, and after that well rinsed with hot water, and kept in a 5 per cent solution of carbolic until again required, During the operation a lotion of corrosive sublimate, 1 in 1000, or 1 in 2000 is very effectual, and has less tendency to irritate the skiu than Carbolic . . . To purify foul sores and sinuses use a solution of Chloride of Zinc (40 grains, water 1 oz.)." -Penny, Lancet, October 29, 1887.

### STENOCARPINE: A NEW LOCAL ANÆSTHETIC.

Dr. CLAIBORNE, of New York, has been the first to examine the physiological action of this new substance. It possesses local anaesthetic and mydriatic properties. In its effect upon the eye it seems to stand midway between Atropine and Cocaine. Its anæsthetic effect lasts about as long Cocaine; its mydriatic effect is greater than that of Atropine. Introduced into the veins it is

the strongest poison,—The Medical Record, August 13, 1887.

#### SULPHATE OF MAGNESIA IN DYSENTERY.

We were certainly ignorant of the fact that the above drug was ever useful in dysentery, but the Editor of the American Medical Journal in a paper on the subject, after going over the ordinary treatment, says, "I believe, however, that I have had more success with magnesia sulphate than with any other remedy. The dose of this drug is so small that it really looks insignificant, but by some means it changes the dysenteric discharges to natural fœces, and checks the tenismus."

He gives the following Prescription :-

Magnesia Sulph, drachms 2
Tinct-Opii ... fl. ,, 2
Glycerine ... ... oz. 1
Aqua Pur, ... ... ,, 3

For an adult, a teaspoonful to be taken every one or two hours.

### AFTER-TREATMENT OF CATARACT AND IRIDECTOMY OPERATIONS.

Quite a revolution has taken place in the after-treatment of these operations. The darkened room, compresses, bandaged eyes, confinement to bed, low diet,-all these things have passed away. Now the lids of the operated eye are kept together by a strip of thin, light-coloured isinglass, and the patient is allowed the full use of the sound eye. The patient is kept to his room for a week, and to the house for another week. The credit of abolishing the compresses and darkened room belongs to Dr. CHARLES MICHEL; Dr. CHISHOLM has added the freedom of the sound eve and the non-restraint to bed .- American Journal of Ophthalmology, June 1887.

#### ARSENIC IN CYSTIC GOITRE.

Dr. Snow speaks highly of Arsenic in cystic affections of the thyroid gland. In one case in which he employed the drug the thyroid enlargement entirely disappeared. In two other cases the improvement was very marked in a short time, but the patients then ceased attending.—Brit. Med. Journal.

### SALOL IN ACUTE ARTICULAR RHEUMATISM.

" Dr. BIRLSCHOWSKY has employed Salol in twenty-seven cases of Acute Rheumatism. The remedy was given in five-gramme doses daily. Smaller doses, two to three grammes. were given in the after-treatment to remove any slight pains that might remain. Of the twenty-seven cases, nineteen were promptly and completely cured; in two cases Salol had only a slight influence, and Salicylate of Sodium had to be resorted to. The other six cases passed into the chronic form in spite of the administration of both remedies. . . On an average it took from four to eight days before all the morbid phenomena disappeared. In four patients slight cardiac disturbances occurred, which, however, on the discharge of the patients were no longer to be detected. It is beyond a doubt that Salol is a specific in Acute Rheumatism in the same sense as Salicylic Acid and Antipyrine, But it has the advantage over these in that its employment is entirely free from untoward effects. It was particularly to be remarked that gastric and intestinal disturbances were not noted in a single instance .- N. Y. Medical Journal, September 10, 1887.

### TRANSFUSION AND INFUSION.

To avoid the evils connected with transfusions of blood, as well as with transfusions of common salt, Landerer recommends as an infusion a solution of seven-tenths per cent, salt with three to five per cent, sugar, The latter is recommended as a nutrient, and by reason of its high endosmotic ratio, and in consequence of the quantity of sugar in the blood, the juices of the tissues strongly attract it; and, finally, the consistency of the solution is somewhat thicker and approaches more that of the blood, although it does not flow as easily as the salt solution through the capillaries, but forms more resistance in them, as is necessary for the maintenance of the normal blood pressure and circulation. The blood pressure rises upon the addition of sugar 30-40 per cent,-Centralb. f. d. med. Wissensch .- Med. and Surgical Rep., October 1, 1887.

### THE DRAINAGE OF PELVIC ABSCESSES BY TREPHINING THE PUBIC BONE.

Rinne, Fischer, König, Madelung, and Helferich have made an opening through the bone for drainage in cases where the pus would not empty through simple incision of the soft tissue. Fischer trephined the pubic bone in 1880. No similar case has been published, but Rinne is informed that König and Madelung have repeatedly done it. Rinne has twice trephined the bone. In the case reported (Med. Chron., August 1887, Med. and Surg. Rep., October 1, 1887,) he cut through the soft parts close above the great trochanter; the periosteum was peeled off and a hole the size of a shilling made with a chisel in the pubic bone; the abscess cavity was cleaned with a sharp spoon and the bare inner surface of bone scraped. The cavity was washed out well with salicylic acid solution and a drainage-tube inserted through the perforation. The course was satisfactory, and in three months there was complete cure with firm, contracted cicatrices.

26 Editorial.

### The China Medical Missionary Jounnal.

Vol. II. MARCH 1888. No. 1.

### DR. MANSON'S ADDRESS.

In the able address given by Dr. Manson, as Dean of the Faculty, at the opening of the "Hongkong Medical College for Chinese," he reviews the unsatisfactory condition of native medical practice, and presents an outline of the difficulties which attend the introduction of the system of Western practice to be taught at the College. He looks hopefully, however, to the gradual change for the better, and anticipates the time when Western science and learning shall supplant the long established notions of the Chinese. In the introduction of modern science and civilization he regards medicine as the leaders—the chief agency which is to introduce a new era into this great Empire. He says, "Medicine might be called, the mother of sciences,—from her sprung Anatomy, Physiology, and Botany. As these followed her in Europe so they will follow her in China." He adds, "Religion does not despise her aid."

Here Dr. Manson, in his admiration of his own profession, has forgotten the connection of the facts which he states with other facts which he ignores. It was not Medicine, but Religion which took the lead in the mental awakening in Europe which has given us a new world to live in. Our ancestors were Chinese in the arts, sciences and, in a measure, in religion, until Luther gave the Bible to the people, and he and his followers, by promulgating its precepts and doctrines, shook the thrones of despotism, and shattered the shackles of superstition which bound all classes of men in Europe precisely as they bind all classes of men to-day in China. Medicine, in common with all the sciences, has cast off the old and become new in all its departments, but instead of taking the lead it has been kept back by the hold which old theories and superstitions had upon the public mind.

We are now importing our Western ideas and modern improvements into China, and there are several agencies at work, the influence and results of which must be considered. These may be stated to be: 1st, Commercial; 2nd, Political; 3rd, Religious; 4th, Medical; 5th Educational. The commercial agency was the first to reach China, and then diplomatic relations were established; both of these have done much to awaken China to a sense of her inferiority, but of necessity the influence exerted by them has reached a limited number of persons. But it is to be stated that the results accomplished by these two agencies are far

reaching, and not to be measured by the apparent effects upon the small number who are brought into business and official relations with foreigners.

The religious, medical and educational agencies may all be classed together, because the two latter have been essentially the outgrowth of the former. Religious work began more than forty years before political relations were established. Hospitals and schools have followed because they are the legitimate fruits of Christianity, and Medicine, instead of leading, has followed where the former has prepared the way, and it is among the converts to Christianity that are to be found the large majority of those who favor Western medicine. It was not until the hospitals and publications of medical missionaries had to a certain extent formed a public opinion in favor of Western Medicine and Surgery that it became possible for Dr. Manson and his colleagues to establish a medical college in Hongkong.

The medical profession claims to be a benevolent one, and it is so inasmuch as it ministers to all classes alike, whether rewarded or not. In China and other mission fields medical missionaries have placed the profession on a higher plane than it had ever occupied before. They have given up the enjoyments of home life, and the honors and emoluments of a professional career in civilized lands, not merely for the purpose of giving relief to multitudes who must continue to suffer without their aid, but to make their professional skill auxiliary to the great work of evangelizing heathen nations. To relieve human suffering is an object worthy of the highest efforts of the human mind, and commands the respect of all men, but to do this with the object of leading men to the knowledge of that truth which is necessary for the eternal welfare of their souls, gives to the profession thus employed a position of honor, which cannot come from the most brilliant success of its most gifted members in any other sphere. The Savior of men, when on earth, by healing diseases manifested his power and the benevolent nature of the religion he came to establish. In our endeavors to relieve human suffering among the heathen we can only imitate him in the latter, and in no other way can our profession be devoted to so noble a purpose.

J. G. K.

### THE CHINESE LANGUAGE AS A MEDIUM OF SCIENTIFIC INSTRUCTION.

Ir may be found interesting to put together the Symposium on "The Advisability, or the Reverse, of Endeavoring to Convey Western Knowledge to the Chinese through the Medium of their own Language," (Journal China Br. R.A. Soc., xxi, Nos 1 and 2, p. 1-21); the list of not far from 200 volumes of translations of Western medical books into Chinese (China Med. Mis. Journal, Sept. 1887); and the circumstances of the founding of the Hongkong College of Medicine for Chinese, in October, with many lectureships in English,—the Dean in his Inaugural (not over complimentary to medical missionaries) declaring the medical translations in Chinese "miserably insufficient in number and extent."

The symposium of fourteen papers by Drs. Martin, Mateer, Muirhead, Williamson, Moule, Fryer, Macgowan and others, evidently deem it advisable to communicate Western knowledge by means of the Chinese language rather than English, and their verdict, we take it, would be in favor of the slow but surer method of medical missionaries as against the, it is to be feared, rather premature Hongkong movement. Since Dr. Parker, in 1837, began Hospital-class instruction many Chinese have passed under the training of medical missionaries and proven a blessing to their fellow-countrymen, though few have won riches and fame; and if "Medicine and its allied sciences form but a thirtieth part of the whole of literature," the medical book translators have done comparatively well, since Rev. Mr. Yen declares in that symposium, "I believe over 600 volumes of foreign secular works have been translated, as also the Bible and religious books."

In the line of suggestions already given in our Journal, pointing out a great desideratum of medical missionaries, we quote two further remarks. Says Mr. S. von Fries: "Therefore translations of foreign books cannot convey accurately knowledge to the Chinese before a rocabulary is compiled by learned foreigners in concert with reliable natives, which will furnish appropriate translations of scientific terms. If such a work were really what it ought to be, a standard, the attainment of uniformity would become a mere question of time, and then, but not sooner, we may speak of conveying Western knowledge to the Chinese through the medium of their own tongue;" and Dr. R. A. Jamieson, of Shanghai, (in translation), "the first step should be to compile a dictionary of terminology, the preparation of which should be the work of much time and of many hands. It should gain the universal approval of scholars and then be religiously stuck to by every translator. There ought to be an understanding that no new term should be introduced before it had been subjected to criticism by a permanent dictionary committee and if possible by outsiders."

### THE DOUBLE CURE.

The medical missionary has this great advantage over his clerical brother, that the people seek him, he has not to trouble about seeking them; and yet they come only for the material benefits he can confer upon them in the healing of the diseases of the body.

It was the same in our Lord's day; the great majority of those who sought to see Jesus came only for bodily healing, very few indeed sought Him, in the first place, for spiritual aid. And so we find Him, while daily surrounded by a multitude of people, exclaiming, "Ye will not come to me that ye might have life." Our Lord was one day on the way to the house of Jairus, with a thronging crowd surging about Him, when into the midst crept a frail woman, who had suffered for twelve years from a painful disorder. Timidly she pushed her way through the crowd to get near Jesus, and then stretching forth her hand she touched his garment. There was much pushing and squeezing around him, but he felt only one touch, and that was the hand of the poor helpless woman in her extremity. This touch of faith delighted and cheered the Saviour's heart.

Let us not be satisfied with mere crowds flocking to us for medical treatment. We have a higher vocation to fulfil. Let us wait expectingly for this touch of faith, and with the Master may this alone satisfy our hearts.

Our waiting-room may be full of patients, and all our beds be occupied, and yet these men and women will pass from under our care, pretty much as they came to us, so far as higher things are concerned, unless we directly bestir ourselves for their spiritual good. They seek us, it is true, but for their bodies only; if we would win their souls, we must seek them. The command to us, as to all disciples, is "Go ye"—"Compel them to come in." Deliver us from thinking that we are obeying this command when we employ an evangelist and say to him, "You go and preach to the patients, while I attend to their bodies." This is not being a medical missionary.

Let us look at our great ideal medical missionary—the Lord Jesus Christ. What were His methods? When Nicodemus, the man of position, of unblemished moral character in the eyes of the world, sought the Lord for some friendly conversation one evening, Jesus takes up the theme, "Ye must be born again." When the respectable man, the official perhaps, visits us to return thanks for medical help, or to see some of the wonders from Western lands which we may have to show him, the Lord help us to be faithful to our commission. We may by so doing offend him,—and no doubt Nicodemus was offended at first by the direct personal dealing of our Lord. Yet what of that; it is ours to obey, it is His to provide. We have in mind a rich patient, an official, who when

spoken to concerning Jesus, uttered some very bitter things against our Saviour's name, and was even inclined to argue against Christianity, but who later on sent five hundred taels for our hospital; and when, a year after, he called bringing with him a friend to see the wards, he challenged his friend that if he, the friend, would give five hundred taels, he himself would repeat his former donation. The challenge was accepted, and a thousand taels was added to our fund that day. Again he brought another friend to see the Hospital, and persuaded him to give a donation of three hundred taels. Having been under treatment some two or three years later, he sent a third donation of Tls. 500. Thus the Lord, through the agency of this former opponent of Christianity, provided us with Taels 2,300. Depend upon it, we never injure our cause by our faithfulness; it is just the other way.

So, too, when they brought to Him the palsied man lying on his bed, it is of his spiritual state Jesus thinks first, and thus He says, "Thy sins are forgiven thee."

Should we not seek to imitate the Lord's method? Even though the result be but a very feeble copy of the great original. What is it that we have to impart? Let us be definite with ourselves. Is it some new dogma? a system of doctrine from the West? if so, by all means leave the religious element in the hands of the evangelist; he will expound your doctrines better than you can. But we reject such an idea. The Chinese have already more than enough of mere empty doctrine. What we bring them is no lifeless form, but a living personal Saviour whom it is our privilege to present to the Chinese; and this glorious privilege of representing our Saviour King, and witnessing for HIM, we dare not commit to any second party.

When we go our rounds in the wards, we examine into the cases before us, and prescribe the remedies according to the best of our ability. We omit nothing within our reach which can help our patients. We are lavish with costly restoratives if they are necessary to the saving of the man's life. But herein are we different from hundreds of medical men in other parts of the world who owe no allegiance to Jesus, and yet who spare neither strength, time nor money in the enthusiasm of hospital work. The difference should lie in the fact that we are as thorough, as definite in seeking the cure of the soul's malady, as they and we alike are in succouring the bodies of men.

Our remedies frequently fail, but Christ, as the remedy for sin, never fails. It is true it often seems to fail, but the reason is that the remedy is not properly applied. It is our great lamentation that the Chinese are so negligent in regularly following up treatment. A man takes one or two doses of medicine, and because he is not distinctly better as a consequence, he declares the foreign doctor cannot cure him, and ceases to attend. Have our medicines failed in this case? Certainly not. And so, though sometimes discouraged, we yet persevere,

having faith that we can accomplish good, and that our work must tell in time. Now let us act in the same way with this spiritual malady sin.

The first essential is that the patient recognises the fact that he is sick, else he certainly will not take the medicine. We must press home this truth with all our might. Then too we need to pray more for and with our patients, and to labour on with thankful and restful hearts, knowing that as surely as the rain comes down from heaven to moisten and fertilize the earth so certainly will the Holy Spirit be poured out upon our patients, causing the Word to take root in their hearts and to bring forth fruit in their lives.

But some will say, It is impossible to find time for this double work. We beg leave to differ from them. The Medical Missionary who is at the head of a large Hospital should be like a master-workman, overseeing everything, setting each his task, while reserving to himself the delicate and important workmanship. We would have him do less work perhaps, but work of a higher quality. Do not let him spend his strength in seeing vast crowds of out-patients, when the statistics of many hospitals combine to show that scarcely more than two visits are paid by each individual, and therefore from a medical standpoint alone the results are most unsatisfactory. This department must be kept up, but let him leave it largely in the hands of trained assistants, he himself doing well that which is best worth the doing.

J. K. M.

### DEATH OF DR. PETER PARKER.

The veteran Medical Missionary has at last been called to his reward, or his full reward. To have witnessed the growth of Medical Missions, during more than half a century, from probably less than a score of Medical Missionaries to some three hundred; and further, to have been so largely used as the means of bringing about such a result was of itself a great reward.

But the full rest and reward lie beyond the river, and the veteran of fourscore and four years has entered into these.

The Doctor died at Washington, where he had resided for many years, on January 10. His wife and one son survive him.—The Medical Missionary Record.

### HOSPITAL REPORTS.

### THE TUNGCHOW FU DISPENSARY.

The Third Annual Report of the Dispensary under Dr. Jas. B. Neal, of the American Presbyterian Mission, touches first upon that subject which is of the deepest interest to the Medical Missionary,—the manner in which the native responds to the foreigner's effort at his spiritual uplifting: "The attitude of the people is much the same as it has been for years, one of sleepy indifference to either the claims of religion or of foreign medical practice. They manifest no hostility to us, but on the contrary are inclined to be friendly, showing little disposition to insult us, and reciprocating a kindly word. They are in fact not an unpleasant people to live among, but when it comes to the things we are most anxious to talk to them about and have them become interested in, they are most willing to change the subject. It is very rare to find one who takes any intelligent interest in the higher things of life. Their thoughts seem to be entirely engrossed with the all-absorbing subject of how to "go over the days," that is, how to get enough to eat and to wear.

"More than once I have been disappointed, in talking to in-patients, to find how quickly their attention flagged and they lost interest in the subject of the Gospel, though perhaps at first they had seemed to listen with some intelligence and to grasp the matter in hand.

"I remember particularly one old man who was carried to the Dispensary with a tremendous carbuncle, which had so reduced him that he was very thin, could eat nothing, and seemed in great danger of succumbing to the effects of the disease. He was quite able to talk, however, was very docile, and apparently took great interest in what Dr. Mills and I had to say to him about religious matters, until he became quite convalescent and was again able to go about, when his attention began to wander and he seemed to lose all his liking for talking about the subject. Such cases of men who receive while in the hospital some considerable instruction without apparently profiting by it are, I hope, not so discouraging as they seem. Perhaps they carry back to their homes and farms thoughts which sometime may come up to their minds with much more force than they have seemed to have while here."

The records of the Dispensary show the total number of visits during the year to have been 3,500, of which 1,620 were new cases, as follows:—General Diseases 197, Surgical Diseases 206, Throat and Lungs 79, Alimentary Tract 588, Eye and Ear 139, Skin 320, Miscellaneous 91.

In reference to the work itself, Dr. Neal says:—"The class of diseases treated in the out-patient department has been much the same as in previous years, the only notable feature of the year being the unusual prevalence of the common summer complaints, there having been a much larger number of diarrhœas and dysenteries than in other seasons. The extreme heat of the summer unmitigated by the usual summer rains, and afterwards the late rainy season coming on in August and September, seemed to produce a condition of things most favorable to the development of bowel complaints. As a consequence, such a prevalence of severe diarrhœa and dysentery has not been experienced for years, and many among the natives died."

"The Dysentery of this past year has been more than ordinarily severe and particularly rebellious to treatment, the disease persisting for weeks, and sometimes, resisting all remedies, steadily pursuing its course to the fatal end.

"By comparison with the report for 1886 it appears that the total number of gastro-intestinal complaints has been largely increased, being larger by more than one-third during the past year than in 1886. Troubles in the respiratory tract have been considerably decreased in number, while general and surgical diseases remain about the same. Cases of skin disease have been somewhat less frequent though still plentiful.

"I have many times wished it were possible to move into close proximity with the Dispensary one of the many hot sulphur springs which are found in the Shantung Promontory, for use in treating the prevalent skin diseases and rheumatic troubles. I have visited several of the hot springs within twenty-five or thirty miles of Tungchowfu, and have been gratified at every place to find the people making good use of the public bathing-places, apparently enjoying the luxury of a good bath, even though the water was so hot as to be unbearable to a foreigner's skin without the addition of considerable cold water. Samples of the waters from three of the springs have been secured for analysis in the chemical laboratory, and I hope in time to be able to report on the constituents of the waters and their-medicinal uses. Suffice it to say, at present, that they all seem to be pretty strongly impregnated with hydrogen sulphide gas—H<sub>2</sub>S—and are esteemed by the natives as good in affections of the skin and in rheumatic complaints."

"It has been somewhat of a disappointment also to find how much the ordinary Chinaman dreads the knife. I had been led to suppose before coming to China that multitudes were eager and anxious to submit themselves to the tender mercies of the foreign surgeon, to be cut up in any manner which might seem to him best. But, as a matter of fact, it is usually only after long consultation with friends and neighbors, and much palaver, that a man can be induced to submit to a serious surgical operation, and the chances are that if not

seized upon at the first opportunity, but allowed to delay a few days, the patient will leave, never to return."

Some items taken from the article on Medical Teaching will be of interest. The medical class consists of five permanent members. "By far the most interesting and pleasant part of the medical work in Tungchowfu consists in the instruction of the medical class."

- "As stated in last year's report, each student is guaranteed 1,500 cash from the mission, and with the help of this sum he is expected to provide his own food, clothing, fuel, and all books needed in his studies.
- "Each student is required to sign a paper pledging himself to complete the full course of study of three years, and promising not to practise medicine until after the course is finished, unless given special permission."
- "The study of Anatomy has been made possible by the possession of a good skeleton articulated, together with extra skulls and loose bones, and by the arrival in June of an excellent life-size model of the human body from Anzoux in Paris."
- "As to the interest taken by the class in their studies, and their progress in the same, I cannot help expressing my satisfaction at the way they take hold of their work, and their evident wish to make progress."

### CHINAN FU DISPENSARY.

This report, by Dr. Coltman, of the American Presbyterian Mission, Shantung, covers a period of only ten months, from March 1st to the close of 1886.

Of the disadvantages of having no Hospital, and the trials in endeavoring to obtain one, he feelingly says:—

- "Dispensary practice in the U.S. is fairly satisfactory, as most of the patients return as directed until cured or discharged, but dispensary practice in China is certainly trying to the physician who likes to see the result of his treatment. We all feel that a hospital is needed here very badly, and although we have sufficient money to build and furnish a moderate hospital, yet the prejudice and hostility of the people is such that they will neither mortgage, sell, or even rent to us, and it is with great difficulty we rent houses for residences.
- "This city is the centre of the wealth and arrogance of the province, and the literati instigate the common people to abuse and revile us. Quite a number of times we have found parties willing to sell to us, but as soon as it was known, their neighbors would abuse and terrify them until they would back out and drop the bargain. We still hope however 'some day' to either secure ground or buildings in either the city or suburbs, the latter being preferable for the hospital. There is undoubtedly, in the minds of some at least, a faith in the foreign medicine, though I believe the greater number after receiving our medicine supplement it with their own. One thing is certain, and that is, that they all have

faith in our 'itch cure.' Some who have been treated here afterwards bring relatives from a great distance to be examined and treated, and if we had a hospital I have no doubt the wards would constantly be full. I have been obliged to refuse operation in all except trivial cases, as I fear very much to operate and then let a man be taken home and treated by his friends and the native doctors."

"The class of patients who visit our dispensary are mostly poverty-stricken people who cannot afford to buy medicines and employ a native doctor. But although these form the majority we still have a sprinkling of sub-officials and merchants, and I believe the attendance is steadily increasing in respectability. To prevent, as far as possible, imposition, we make each patient who is able buy his own bottle or vessel of whatever sort is needed, and where we know a man is comfortably situated we make him pay full value for his medicine."

The total number of visits paid to the dispensary during the ten months ending December 31st, 1886, was 5,714.

### OPENING OF DR. CHRISTIE'S NEW HOSPITAL, MOURDEN.

On November 8th, new and commodious hospital buildings were opened in connection with the United Presbyterian Church of Scotland Mission at Moukden. Dr. Christie, who is the medical missionary in charge, has for several years been labouring successfully in this field, and we heartily congratulate him upon the completion of his new hospital. Mr. Webster, writing to the Chinese Times, describes the new buildings thus:—

"The hospital externally is entirely after the Chinese plan of architecture. The front building, or Out-door patient department, is somewhat after the native temple style, and consists of nine apartments. Passing through a handsome door-way, the patient is led through a short corridor into a spacious waiting-room with a neat platform at the further end. Through a door on the left he enters the consulting-room, from which he passes into a commodious dispensary.

"The In-door Patient Department is situated behind this front building, and consists of a large double compound after the usual native style. In the outer compound, a long building with k'ang accommodation for fifteen patients is entirely set apart as an opium-refuge. On the other side, an almost dead wall is pointed out as the back part of the women's wards, which are thus as completely isolated as if they formed an entirely separate compound. These wards have accommodation for fifteen patients. In the inner compound three separate buildings are fitted up as surgical, medical, and eye wards."

"On the afternoon of the opening day a large and enthusiastic meeting of the native church was held in the waiting-room, when the missionaries and native Christians united in congratulating Dr. Christian on the inauguration of this most useful and philanthropic institution, and in the expression of the hope that he may have great success in his laudable endeavour, by pure goodness, to bridge the gulf between the Chinese and the ideal life. We unite in this congratulation and hope,"

### THE FIFTIETH ANNIVERSARY OF THE MEDICAL MISSIONARY SOCIETY IN CHINA.

We cull from a newspaper report of the meeting which was held in Canton on the 21st of February several items of interest:—

The receipts for the year were, with a balance from 1886, \$5,564.51; of which \$300.00 were from the Whampoa Bethel Fund, Subscriptions from Europeans \$742.00, from Chinese officials and others \$1,119.00, and from Fees, Medicines, Books, etc. \$1,889.46.

The work reported is done at six different points;—At Yuenkong by Dr. J. C. Thomson, at Kiung Chow (Hainan) by Dr. McCandliss, at Nodoa (Hainan) by Mr. Jeremiassen, and at three places in Canton, making a Grand Total of Out-patients of 39,143, of In-patients of 3,196, and of Surgical operations of 3,085.

The instruction of the medical class has been continued; the number in attendance being twelve, four being females. Religious services have been conducted regularly by Rev. Kwan Loi, assisted twice a week by Rev. B. C. Henry.

The Rev. B. C. Henny offered resolutions which were adopted regarding the death of Dr. Gideon Nye, prefaced by a few appropriate words. "In recording the events which have transpired in connection with this Society during the past year, we note with sincere sorrow and regret the death of Gideon Nye, Esquire, which occurred in our midst on the 25th of January 1888. Mr. Nye was one of the oldest friends of this Society, and for a long period of years was its constant patron, contributing generously to its support in the days of his prosperity, and, in later years, identifying himself with its interests in manifold ways. Ever active in devising means for extending its sphere of benevolence; ever enthusiastic in his appreciation of its high purpose and the great work continuously done; cheerfully giving his time and services whenever required; his judicious and zealous advocacy of the claims of this Society and its Hospital upon the foreign community in China and others in Europe and America, deserve special and and grateful recognition on the part of this Society. I therefore ask leave to present the following resolution:—

"Whereas, in the Providence of God, Gidcon Nye, Esq., one of the oldest friends of this Society, and its Senior Vice-President, has been removed by death; Resolved—

"1.—That we express our high appreciation of the many estimable qualities Mr. Nye possessed as a man; of his public spirit conspicuously shown in his intercourse with representatives of all nationalities during his residence of fifty-

five years in China; of his deep interest in, and generous support of, all forms of benevolent work, and of his superior social and literary accomplishments.

- "2.—That in this particular manner we place on record our cordial recognition of his long continued services as a friend of the Society and for many years its patron and adviser.
- "3.—That a copy of these resolutions and the foregoing preamble, be forwarded by the Secretary to the relatives of the deceased in America."

Dr. Kere presented a paper setting forth the urgent need of an insane asylum showing that China, like all other heathen countries, makes no provision for the care of that most unfortunate class. This semi-centennial meeting was an auspicious occasion for making a beginning in a work of such great importance, and a resolution was introduced that the fiftieth anniversary of the formation of the Society be commemorated by inaugurating plans for the establishment of an insane asylum in the City of Canton or its vicinity under the auspices of this Society.

The whole matter was left in the hands of a Committee consisting of the officers resident in Canton.

Dr. Thomson presented a paper consisting of a sketch of the Society from the time of its formation, which was to be read on a future occasion.

### ITEMS AND NOTES.

THIS first number of the second volume of the China Medical Missionary Journal, must bear date of March, and not January, as we had hoped it might, sufficient "copy" not having reached us in time to accomplish what we announced in our last number as our wish.

The Editors present their best wishes to their readers, hoping that this volume will be even better, and more satisfactory, than the last. But they earnestly request assistance in making it what it may so easily be. We trust that the many who have not yet made any contributions to the pages of the Journal will be encouraged to do so. Let your satisfaction in the contributions of others be an incentive to do like-

wise. A little from each of the eighty missionary physicians in China, will be all that is necessary.

We send this number to all the subscribers of last year, save where we have been otherwise instructed. We will be obliged to the Officers of the Medical Association if they will kindly act as agents for the Journal, forwarding names, and money, as received.

As announced in our last, the China Medical Missionary Journal will be sent free to all members paying their yearly dues of \$2.00; and we can but repeat that we trust this will serve as a stimulus both to secure membership and to meet the very moderate Yearly Dues.

#### ERRATA.

We must draw the special attention of practitioners to the fact, which we deeply regret, that on pages 164 and 165 of Volume I of *The China Medical Missionary Journal* all the minim doses are wrongly given as drachms.

We clip the following from Nature for November 17, 1887: "Several years ago, three Russian 'lady doctors' started at Tashkend a consulting hospital for Mussulman women. From the beginning the experiment proved a success, and the popularity of the hospital has been increasing ever since, During the last twelve months no fewer than 15,000 consultations have been given."

The Soochow Hospital Medical School has just received from Mr. WM. H. S. Wood, of the firm of William Wood and Co., of New York, a splendid present in books. Among them was an almost complete set of Ziemssen Cyclopædia in leather, and nine extra volumes of the same work in cloth. The whole lot of books catalogued at something over \$200.

Dr. Howard reached Seoul, Corea, November 5th, after a pleasant journey, stopping a week in Japan.

Dr. ROBT. C. BEEBE, of Nankin, writes:-"Nearly every physician is training students, but these students cannot engage in independent practice and buy their drugs from England or America. More attention it seems to me should be given to developing a native Materia Medica. There ought to be one on the Editorial Staff of the Journal, having charge of that department. who would gather from the physicians and other missionaries, throughout the Empire, information concerning drugs and remedies. He should collect and direct the making of experiments and be the representative of our Society's bureau of information on this subject. I am reading the articles on this subject in the China Review. They are good and should be in the hands of all our members, but we ought to do more and better."

Dr. Thomson reports from Yueng Kong:—A professional brother (Chinese) here ordered horses' brains for his wealthy patient, which was duly served up to him à La Française! In the case reported last year when a woman pierced a man with a pitchfork, I understand that \$200,00 made everything peaceful. At the Kun's yamen near by, yesterday, a woman received some 300 slaps over the mouth and cheeks with a strap, for beating, or pushing, another woman so roughly some time since that she was prematurely delivered.

The question was asked in our September number, "Is Rheumatic Fever common in any part of China?" One physician, of over twenty years' experience in the South of China, says, he has never seen a case; and adds, further, that he has only met with two cases of Gout, one hereditary and the other acquired. A medical man, in the North of China, after twelve years' residence, has seen no case of Acute Rheumatism, and one only of Gout,

Would some kind friend in the South inform us, through the pages of this Journal, what kind of disease "Kap Shik" is? It is said by the Chinese to be a disease well known in Canton, and often proving fatal in seven days. It is mentioned in Dr. THOMPSON'S Vocabulary of Diseases.

The Cologne Gazette speaks of the recent discovery of a microbe that feeds upon iron. It is said to be 2 centimeters long and as large round as the prong of a silver fork. It is of a light gray color and has two glands on the head filled with a corrosive secretion which corrodes the iron and renders it soft and spongy and of a rust color. It then devours the iron with great rapidity, 36 kilogrammes of nail-iron were said to be destroyed in a fortnight. It is therefore to be classed in Natural History with the name "Railonerous,"

We find in the second edition of A Missionary Band, by B. BROOMHALL, Secretary of the China Inland Mission, a very good portrait of Dr. SCHOFIELD, which recalls vividly his appearance and goodness.

We are obliged to Dr. A. FAHMY, of Amoy, for sending the following item:—

"It may perhaps be interesting to you to know that the Chiang-chin Hospital of the L.M.S., was opened on the 20th January. and that the number of out-patients on that day was such as to give hopes that the Hospital has met with the people's favour, and not opposition or implacability, as sometimes happens in the Celestial Empire, With the exception of a message from an under Mandarin, and which was met with disregard and rebuff, demanding cessation of 'worship' in the Hospital, but expressing high pleasure with the Hospital as such, I am glad to say we have experienced no annoyance and no discouragement. The premises were formerly an old Chinese house, quite dilapidated and hygienicallyas almost all Chinese houses-unfit for ordinary human residence, far less as a healing place. It has been called "Hok-im i-koon" (the Gospel Healing House). Will you please remember this place at the Throne of Grace,"

In Vol. I, No. 3, p. 109, we reported three cases of excision of the upper jaw. Case No. 3 was one of Melanosis. This patient returned to the hospital in December with the tumor growing again, showing the difficulty of eradicating this form of disease. The free use of the actual cautery after the operation might have given the man a better chance while he was in the hospital. An old patient happened in from whom we had removed the left half of the upper jaw eighteen years ago. He was in good health and spirits, and came to bring another patient.

J. G. K.

In hospital and dispensary practice, blank forms facilitate the work, and it may be a help to new Medical Missionaries to see the forms already in use. In Canton we have blank forms for almost every purpose required, and we will furnish specimens to any one desiring to see them. Armong these is a form for taking cases, translated by Dr. COUSLAND, of Swatow, from one used in Edinburgh. These are all in Chinese. We have also a collection of medical sentences in Chinese.

J. G. K.

In the N. Y. Medical Journal of October 22nd, 1887, there is a contribution from Dr. CORNING on the subject of the Rapid and Safe Induction of General Anæsthesia. He draws attention to the difficulty of etherizing individuals of large and robust constitution, and proposes that an elastic tourniquet be secured around each of the patient's thighs, so as to arrest the arterial and veinous blood-flow in the lower extremities. The idea is that cutting off in this way a large portion of the blood mass, a much shorter time will be required to saturate the remainder. He gives an instance where a patient, anæsthetized in the ordinary way, required from six to seven minutes for the purpose; later on, needing to undergo a second operation, Dr. CORNING's plan was carried out and only three minutes was taken up in etherization.

Faith is a wonderful faculty, and common enough in the world. Would that it were always wisely directed. Instances of misdirected faith are plentiful in China and are constantly coming under the notice of the Medical Missionary. Here is a specimen,-One day there came into our Dispensary a young man of twenty, with a large excavated wound of the left arm, evidently caused by some cutting instrument. In reply to our queries he gave the following history :- He had a sick father, ill for many months with dropsy, "who had suffered many things of many physicians, and was nothing better, but rather grew worse," Finally, the relatives, assembled in solemn conclave, decided that the faculty having failed, the only hope for the father lay in the filial

instincts of the son. He, the son, must sacrifice his own flesh to save his father's life. It is delightfully easy to prompt others to acts of self-sacrifice. In this case the youth, whether he liked it or not, was immolated upon the altar of filial piety, and had patiently to endure while a piece of flesh was cut out of his left arm; this was afterwards cooked into a savoury meal with pork accompaniments and administered to the patient as the infallible remedy. Either in spite of the treatment, or in consequence thereof, the unfortunate patient succumbed. Yet even now the faith of the relatives was not disturbed, the principle was sound, therefore the instrument must be faulty ;-the lad was surely lacking in purity of motive,—his filial piety must be deficient. And so the poor boy had not only his father's death and a bad arm to grieve over, but was looked askance at by uncles and cousins as a sad instance of filial disobedience. Truly he merited our sympathy.

A friend, recently returned from Peking, tells us that he saw a method of cure which may be new to some of our readers. In a temple outside one of the city gates is to be found a brass mule of life size, supposed to have wonderful healing properties. Patients suffering from every imaginable disease seek this temple to obtain a cure. The method pursued is as follows:—Supposing you suffer from sciatica you go with all speed to this famous temple, and having discovered the particular part of the brass mule corresponding to the painful region of your own body, you first rub the animal a certain number of times, and then with the same hand shampoo your own disabled member, and then—well, then the pain goes.

The special feature of this method of cure is its delightful simplicity. Is your tooth aching?—just scrub the mule's teeth, and afterwards your own, and woids? the cure is complete. Have you an ulcer of the cornea? pass the tips of your fingers, to and fro, over the particular eyeball of the mule, and then with well regulated pressure rub repeatedly the afflicted eye. But we are forgetting; the mule has unhappily lost his sight during the many years he has been engaged in this benevolent work—the eyeballs, we are told, having been gradually worn away as the result of constant friction, until now you have only the empty orbits to operate upon. Yet don't be distressed, dear reader, the success is guaranteed to be as read as it was formerly. Is the oure

always certain? some would-be applicant may enquire. Well, the temple is covered with laudatory tablets in honour of the mule. Isn't this testimony enough? and if you want more, the animal is patched in all directions with fresh pieces of brass, put on to cover holes produced by the constant friction of eager patients; and a new, perfectly whole mule stands ready at hand, awaiting the day when his old colleague, having fallen to pieces, shall give him an opportunity of likewise benefiting posterity.

Dr. BEEBE, of the Methodist Mission, Nankin, writes to the Gospel in All Lands, under date of October 17: "The Viceroy residing here has given our hospital eighty Ku Ping taels, equal to one hundred and twenty Mexican dollars. This from one of the most prominent men in China, and who, a few years ago was trying to keep us out of Nanking! I have been admitted by his Excellency to the inner apartments of the Viceroy's Yamen, prescribed fur his own daughter, and now he makes his gift to this hospital. 'This is the Lord's doings, and it is marvellous in our eyes.'"

We call attention with pleasure to "the Wholesale and Export Price Current" of FERRIS, BERRINE, TOWNSEND & BOUGHER, Chemists, Druggists, and Surgical Instrument Makers, Bristol, England, Their appliances seem to be very complete, their assortment very large, and their terms reasonable.

#### BIRTHS.

At Amoy, November 15th, 1887, the wife of P. Anderson, M.D., Taiwanfoo, Formosa, of a son.

At Chentu, November 27th, 1887, the wife of HERBERT PARRY, M.R.C.S., China Inland Mission, of a son,

### MARRIAGE.

At Chefoo, February 1st, Dr. JAS. CAMERON and Mrs. MARY RENDALL, both of the China Inland Mission.

#### ARRIVALS.

At Canton, December 29th, 1887, Rev. A. P. HAPPER, M.D., D.D., and wife, of American Presbyterian Mission.

At Shanghai, February 9th, 1888, W. H. BOONE, M.D., and family, of the American Episcopal Mission, Shanghai.

### The China

# Medical Missionary Journal.

### EDITED BY

J. G. KERR, M.D., Canton, E. REIFSNYDER, M.D., Shanghai. A. LYALL, M.B., C.M., Swatow. Rev. L. H. GULICK, M.D., Business Manager, Shanghai.

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### NOTICES.

The Subscription Price for The China Medical Missionary Journal is Two Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Gulick, M.D., Shanghai, while Articles intended for *The China Medical Missionary Journal* may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.



THOS. R. COLLEDGE, M.D., F.R.S.E.,

Surgeon of the E. I. Co.

The Originator of Medical Missions.

## China Medical Missionary Journal.

Vol. II.

### JUNE 1888.

No. 2.

### THOMAS RICHARDSON COLLEDGE, M.D., F.R.S.E.

Forty Years President of the "Medical Missionary Society in China."

By Rev. J. C. THOMSON, M.D.

HAVING given a Sketch of Dr. ALEXANDER PEARSON, who in 1805 introduced Vaccination into China, is is naturally followed by an Account of his colleague, Dr. Thos. R. Colleague, the second medical benefactor of China, and the actual Originator, it would appear, of (Foreign) Medical Missions.

With no continuous sketch of the subject of our paper, we are forced to bring together a number of random notices, which we put in chronological order, the better to see the development of his heart's desire in the advancement of the cause of Medical Missions. "The following documents," writes Rev. Dr. Bridg-MAN, \* "were put into our hands (by Dr. Colledge) at our own earnest solicitation;" and in the first, a letter of Dr. Colledge, "written in consequence of a benefaction (to his Macao Ophthalmic Hospital) which was at once most commendable on the part of the donors and compatible with the design of the institution in behalf of which it was granted," we find the following: "In the year 1827, on joining the East India Company's establishment, I determined to devote a large portion of my time, and such medical skill as education and much attention to the duties of my profession had made my own, to the cure of so many poor Chinese sufferers of Macao and its vicinity as came in my way. My intention was to receive patients laboring under every species of sickness, but principally those afflicted with 'diseases of the eyes,' diseases most distressing to the laboring classes, amongst whom they are prevalent, and from which the utter incapacity of native practitioners denies to them all other hope of relief. During that year my own funds supplied the necessary outlay. Throughout I have received little or no professional assistance. In 1828 many friends who had witnessed the success of my exertions in the preceding year, and had become

<sup>\*</sup> China Repos., Vol. II., p. 271.

aware of the expenses I had incurred, came forward to aid in the support of a more regular infirmary which I proposed to establish, and put me in possession of means to provide for the maintenance of such patients as I found it necessary to keep for some time under my care, but who, depending for their livelihood on daily labor, could not otherwise have reaped the benefits held out to them. Thus the hospital grew up upon my hands, and the number of my inmates was regulated only by the limits of my accommodations. Two small houses have been rented at Macao (1828) capable of receiving about 40 patients; there are many more of the nature of out-patients, such only being housed as, coming from a distance, have no friends with whom they can reside. best proof which can be offered of the entire confidence of the people and the benefits which have been conferred on them is that, since the commencement of this undertaking on a small scale in 1827 to the present time, about 4,000 indigent Chinese have been relieved from various maladies; many have been restored to sight; more, saved from impending blindness, resumed their usual occupations, and have supported, in lieu of remaining a burthen on, their families. The more opulent and respectable classes of Chinese have, in the last three years, added their names to the lists of subscribers, and have, by giving the hospital the sanction of their support, much enlarged the circle of its usefulness. On the list for 1830 we see the names of Gowqua, Kingqua, Mowqua, Punkequa and Howava, Great Hong Merchants, the latter name also appearing in several other years' lists. With these names we notice those of Rev. Dr. Morrison, Sir G. B. ROBINSON; Bart., THOMAS BEALE, Esq., The Honorable East India Co., Messrs. DENT, JARDINE, PLOWDEN, SAMUEL RUSSELL and others. The E. I. Company have written of it in terms of approbation, and, when applied to, liberally supplied it with medicines. . . . In the above statement nothing is farther from my wish than to bring forward and dwell with complacency on my own exertions and success. No more, I trust, has been said than was necessary to exhibit the nature and origin of the Hospital which I have established and its claim to the aid which I thankfully acknowledge .- T. R. C .- MACAO, CHINA, October, 1832." And from the Testimonial of Chief PLOWDEN, after visiting the Hospital. . . . "To Mr. Colledge, therefore, belongs the merit of having established, by aid of voluntary donation, the first institution in this country for the relief of the indigent natives. I cannot close these observations without alluding to the honorable testimony that has been at various times recorded of Mr. Colledge's professional skill and abilities by the Select Committee in their despatches to the Honorable the Court of Directors of the East India Company, both at the period when he was first selected to fill the situation of surgeon to their establishment in China. and also subsequently, when the great benefit derived by the Chinese suffering poor from this gentleman's professional talent and benevolent disposition, has been officially brought to their notice. As an individual who has witnessed the

beneficial effects of Mr. Colledge's medical ability, I feel the greatest gratification in thus bearing testimony to his merits both as a surgeon and a philanthropist." \*

(Signed) "W. H. C. PLOWDEN,
"Chief for all Affairs of the
"British Nation in China,"

" MACAO, 25th September, 1832.

While in the Prospectus of the Medical Philanthropic Society of London, organized in considerable measure as an aid to the Medical Missionary Society in China, we have the following, no doubt from the pen of Rev. G. T. Lay, some time associated with Dr. Colledge in China: "The honor of founding the first institution (Macao Hospital, 1827) for conferring upon the Chinese the benefits of European science in medicine and surgery, is due to Dr. T. R. Colledge, surgeon to the English Factory in China."

With these references to his Macao Hospital we give the description of a famous painting-a photographic copy of a steel engraving of which is herewith presented. "A well-known artist, George Chinnery, Esq., residing at Macao, obtained the consent of Mr. Colledge to make an act of his practical humanity the subject of a picture which would at once combine portraiture with history. The circumstances that suggested the idea to the artist were the following: An elderly Chinese woman, blind with cataract, was led by her son, a boy about fourteen years old, to Mr. Collegge for his aid. The operation was performed with thorough advantage, and the patient, being convalescent, was about to leave Macao. The picture represents Mr. Colledge-as turning from his final examination of the woman's eyes, with his hand still resting on her forehead, towards an old servant who acted as interpreter, in order to direct him to instruct her as to the care and means to be used for the preservation of her restored sight. The son, having prepared a chop, or Chinese letter expressive of his gratitude and thanks to Mr. Colledge, is represented in the act of delivering it. In the background, upon the floor, is seated a man with his eyes bandaged, who had also been operated on for a catarast, waiting his turn for Mr. Colledge's attention." In the apartment where the scene is laid, is a view of Mr. Colledge's Ophthalmic Hospital, etc. Though the original painting is in England, a large steel engraving of it may be seen at the Canton Hospital.

From Dr. Colledge's testimonials from his Chinese patients we cull this:-

"He lavishes his blessings,—but he seeks for no return;
Such medicine, such physician, since Tsin were never known;
The medicine,—how many kinds most excellent has he;
The surgeon's knife,—it pierced the eye, and spring once more I see.

<sup>\*</sup> China Repos., Vol. II., p. 278,

If Tung\* has not been born again, to bless the present age, Then sure 'tis Soo\* re-animate, again upon the stage; Whenever called away from far, to see your native land, A living monument I'll wait, upon the ocean's strand,"†

Dr. Colledge's Ophthalmic Hospital at Macao was closed in 1832, after some 6,000 cases had been treated, "from a feeling on his part that he could not do full justice to it, from the circumstances of increased medical duties having devolved on him in consequence of the retirement from China of his friend and colleague Dr. Pearson." ‡

In 1828, during the residence of the British factory in Canton, Dr. Colledge, assisted by Dr. J. H. Bradford, an American physician residing there, laid the foundation of a long-needed Dispensary—an establishment of much usefulness to all classes of foreigners as well as natives. Great numbers of poor Chinese have repaired to it, to whom medical aid was administered gratuitously, as afterwards by Drs. Bradford and Cox. "At an early hour in the morning, one may daily witness the sick, the blind, and the lame, of all ages and both sexes, crowding around the doors of the Dispensary. We have seen helpless children brought there in the arms of their nurses, or more commonly lashed, according to the custom of the country, upon the back of a young servant. We have seen old, blind, decrepit men, 'with staff in hand,' led thither by their little grand-children, while others, who were in better circumstances, were brought in their sedans. . . . The number of those who have come for aid has been very great, and the cures not a few." §

In the order of events, we do not omit what in those last days of the heroic age in the Far East seems to have been a matter of great moment. Mr. Wm. C. Hunter, long a resident here, in his "Fan Kwae at Canton," writes, in 1833: "A notable year, for the hitherto unprecedented event of the marriage at Macao of a young American lady, Miss Shillaber, of Boston, to Dr. Thos. R. Colledge, of the Company's Factory. It was a brilliant affair and celebrated with more than usual éclat from its novelty."

On the 23rd of February 1835 was formed "The British Seaman's Hospital Society in China," in which Dr. Colledge played a leading part. Its principal object was the establishment of a floating hospital at Whampoa, whither there came during the year 1834 some 200 ships and upwards of 6,000 seamen. Set on foot in 1834, it was hindered by hostilities and not actually organized till 1835. No. 13 of its Rules reads: "Any Chinese indigent persons soliciting

<sup>\*</sup> Tung and Soo, celebrated physicians of ancient times.

<sup>†</sup> China Repos., Vol. II., p. 275.

<sup>‡</sup> From an account of the Ophthalmic Institution at Macao, from 1827-1832, by a Philanthropist (Sir A. J. JUNGSTEDT), Canton, 1834.

<sup>§</sup> China Repos., Vol. II., p. 276.

medical aid shall be relieved, as far as the funds of the establishment permit, gratis,"

The editor of the Chinese Repository, in December 1835, writes: "By his (Dr. Colledge's) kindness we are now able to add a record of his opinion on the expediency of employing medical practitioners in China," and from those suggestions we quote quite fully: "The Chinese must first be convinced of the utility, before they can be made to comprehend the grandeur and sublimity, of the truths of Christianity, and no method of benefiting the human race is so immediate in its effects as that which relieves bodily sufferings. . . . . What I wish to suggest is that those societies that now send missionaries should also send physicians to this benighted race. . . . . I have for a long time reflected on the project which I have endeavored to explain, and have felt great pleasure in finding that some of the same ideas had suggested themselves to the pious and benevolent in the United States of America, as appears from the fact of the Rev. Dr. PARKER having qualified himself to labor in this great field both as a physician and minister of the Gospel. Still, this does not as a general rule exactly coincide with my own ideas, as I think more might be accomplished by keeping the two professions distinct. My wish is to see those of the medical profession act as pioneers in the great work, and, by gaining the confidence of the Chinese, render it a less laborious task for the Christian minister to instruct them in the great truths of our religion. . . . . What I would suggest, then, is that all sects and denominations of Christians unite for the one great purpose of improving the temporal and social condition of the Chinese by sending out good men of the medical profession, who shall by rendering themselves useful gain the confidence of the people and thereby pave the way for the gradual reception of the Christian religion in all its purity and beauty. . . . . For, in my opinion, there is no greater barrier to the spread of the Gospel of our Saviour among the heathen than the division and splitting which have taken place among the various orders of Christians themselves. . . . Let us teach the Chinese that though Christians may differ in sentiment, they do unite in principle and practice where the object is the good of their fellow-beings. . . . Let us learn to do good among them, exhibit works of charity and humanity, founded on Christian principles, and the spread of Christianity is the sure result! \*

In October 1836 we find Dr. Colledge, in conjunction with Drs. Parker and Bridgman, issuing the telling appeal for a Medical Missionary Society, and at its organization, somewhat delayed, in February 1838, it was resolved, "That the members of this Society are deeply impressed with a sense of the services which Mr. Colledge and Dr. Parker have rendered to humanity by the gratuitous

<sup>\* &</sup>quot;Suggestions with regard to Employing Medical Practitioners as Missionaries to China;" by T. R. COLLEDGE, Esq.—China Repos., Vol. IV., p. 886 (1836).

medical aid they have afforded to the Chinese, which services have tended to originate this Society: And that the members trust to the philanthropy and zeal of those gentlemen to carry the purposes of the Society into effect, and to enable it to perpetuate the benefits which have been already conferred." And after a further resolution of thanks to Dr. Colledge for the purchase and repair of a building at Macao for hospital purposes, and acceptance of his liberal offer of the same to the Society, it at once elected him to its Presidency, an office he held full forty years. Returning later to England he died there, at Cheltenham, at the advanced age of 82 years, with the pathetic yet comforting refrain upon his lips, when reminded of his part in founding that noble Society, "The one good thing of my life!"

At the 41st Annual Meeting of the Medical Missionary Society, G. NYE, Esq., proposed the following Resolutions: "Whereas, in the Providence of God, the eminently useful career of Dr. Thos R. Colledge, F.R.S., the first and only President of this Society, was terminated by his death on the 28th of October last, at his residence, Lauriston House, Cheltenham, at the ripe age of more than 82 years: And whereas we the Officers and Members of the Society here present have read with sympathetic interest the communications of Major COLLEDGE respecting the illness and death of his father, and with deep gratification the affecting expressions of the venerable President evincing his continuous consciousness of the merit of his participation in the purposes of the Society :-Therefore be it (1) Resolved, that this Society recognizes the moral worth and estimable qualities of its late President, conspicuous in previous ministrations to the physical needs of the Chinese and in his instrumentality in its founding; and considering that the example of his earnest yet unobtrusive zeal should be held in grateful remembrance, the Committee of Management is hereby authorized to cause a Memorial Tablet of white marble, bearing a suitable inscription (importing that the Ward is named "The Colledge Ward," etc.), to be inserted in the centre of the original or first-built Ward of the Hospital.

"2.—Resolved, that appreciating the domestic and civic virtues of the deceased, we the Officers and Members of the Society here present, desire to convey to his family the expression of our deep sympathy in their bereavement; qualified as their sense of loss is, happily, by the reflection that a career of eminent usefulness had extended far beyond the ordinary maturity of age.

"3.—Resolved, that the Society be requested to cause copies of these Resolutions to be transmitted to Major Collegge." After being seconded by Rev. Dr. Happer, the Resolutions passed unanimously.

In 1885 the authorized memorial tablet was inserted in the wall of the Colledge Ward of the Canton Hospital, bearing inscriptions in English and Chinese.

## MODERATE DRINKING AS A CAUSE OF DISEASE.

By J. G. KERB, M.D.

In the London Lancet for February 25th, and numbers following, we find a series of articles on this subject, which are worthy the attention of all medical men, and especially of Medical Missionaries. The author, George Harley, MD., F.R.S., has a reputation which makes his name an authority on diseases of the liver and kidney, which he has for many years made a subject of special study; and facts in reference to the effects of Alcohol on these organs, which have so often come under his observation, have forced upon his mind the convictions which he has so forcibly expressed in these papers. Dr. HARLEY is not one of the men who has first decided that Alcohol is at all times and under all circumstances injurious to body and mind, and then gone in search of facts to confirm conclusions already arrived at. This is a perfectly legitimate mode of procedure where, as in the case of Alcohol, there are innumerable facts manifest to the observation of all; but the strictly scientific mind demands that in the case of disease, facts as to the pathological changes shall be observed, and these changes traced up to the causes which have produced them. The investigator is thus enabled to arrive at conclusions uninfluenced by preconceived notions, and the results obtained must be convincing to all unprejudiced minds. This is precisely what Dr. HARLEY has done, and all honest searchers after truth on this momentous subject must give him a candid hearing.

A vast amount of time and labor have been spent of late years in the search with the microscope for microbes, numerous tribes of which have their habitat in diseased structure, and are supposed by some to be the cause of the disease. No end of ingenuity has been expended in endeavours to poison these infinitesimal creatures and to prevent their effecting lodgment in the human body. Modern Surgery owes much to believers in the germ theory, but the medical treatment of disease is as yet without means to dislodge the colonies of these microscopic animalcules from organs in which they (are supposed to) have set up diseased processes. If any means could be proposed by which the human frame would be secured against invasion by these relentless enemies of health and happiness, it would at once come into universal use, and the originator would have his name enrolled on the scroll of fame with those of Herner, Jenner, Simpson and others.

Dr. Harley has directed the attention of the profession to a cause of disease not, indeed, universal but prevalent in all parts of the world. It does

not depend upon microbes, which must be searched for with the microscope. It does not pervade the air and water and food, as microbes do. It must be manufactured, and paid for, and carefully preserved, and administered day after day, and persevered in, before the undesired results are obtained in the disease of the vital organs. This cause of disease, which Dr. Harley has been searching out, is not only a product of private enterprize, but Governments—Christian Governments—afford it protection and render aid to its innumerable propagators, who amass wealth in their unceasing efforts to introduce it into the organs and blood of their neighbors and friends.

Dr. Harley demonstrates to us the fearful results of this disease-producing agency, and every member of the profession knows that it is absolutely and entirely under control. It is under the control of individuals, and no one need be the subject of the diseases it produces, except by his voluntary act. It is under the control of Municipalities, of States, and of Governments, and no citizen is the victim of its ravages except by the approval or connivance of the political power under which he lives.

It is not our purpose to follow Dr. Harley through his papers; our space will admit of only a few extracts, sufficient to show how convincing are his statements and that his conclusions as to the vast amount of disease caused by moderate drinking are inevitable. Dr. Harley says, "I regret to find that notwithstanding there has been much written, and well written, on the action of Alcohol taken in excess, no one appears to have thought it worth while to tackle the subject of moderate drinking." Dr. Harley regrets the want of statistics to show the effects of moderate drinking on large numbers of subjects, and points out the difficulty of obtaining such statistics, but he finds in the tables of mortality, published by the Registrar-General of Great Britain, the data from which he demonstrates conclusively the disease-producing effects of moderate drinking. Being himself a specialist in the treatment of liver and kidney disease, he shows how these organs, when stimulated by Alcohol, increase the death-rate and lower the average period of life.

We quote the tables given, which speak for themselves. He says, "I scarcely think any one will doubt the truthfulness of these tables.

"Table I .- Death-Rate of Men between the Ages of 25 and 65.

Men exposed to the temptations of "Nipping."						Liver	Kidney Disease,	
	_						_	-
Commercial	travelle	ers	•••	•••	•••	•••	61	44
Brewers	•••		•••		•••	•••	96	55
Innkeepers,	publica	ns, vir	ters, ba	rmen a	nd waite	ers	240	83

"The Comparative death-rates of men of the same age engaged in other industries, not exposed to the temptation of Nipping, are again as follows:—

"	TABLE	II.
---	-------	-----

	*******			Liver Disease.	Kidney Disease.
Gardeners and Nurserymen				18	39
Printers			***	28	30
Farmers and Graziers				41	31
Drapers and Warehousemen	1	•••	•••	35	37

"As an addendum to these most telling statistics," Dr. H. proceeds, "I think I cannot do better than quote what BAER says regarding the probabilities of life in persons exposed to the temptations of Nipping, compared with those not liable to be so tempted. The following is extracted from his table of Prussian Statistics, and I arrange them, for the sake of easy comparison, in two parallel columns showing the probable duration of life calculated at different ages.

Probable Duration of Life of Men

Age.	In the Liquor Trade.	Not in the Liquor Trade.			
_	_				
25	26.23	32.08			
35	20.01	25.92			
45	15.19	19.92			
55	11.16	14.45			
65	8.04	9.72			

<sup>&</sup>quot;This, as is seen, is an equally instructive table.

"To return for a moment to the part played by the so-called moderate use of alcoholic stimulants in the production of fatal forms of liver-disease. As it is, I think, impossible that we medical men can know too much regarding the probable deleterious effects of mere Nipping, I have subjoined an extract from the Registrar-General's tables of the Comparative Mortality from liver-diseases, in different industries, between the ages of 25 and 65, in the years 1880-1-2, which exhibits the matter in a stronger light than any words of mine can do:—

Book-binders		3	Butchers 21
Book-sellers		4	Fishermen 22
Hatters	•••	9	Brewers 42
Tobacconists	•••	10	Innkeepers, publicans vintners,
Druggists and printers	•••	18	waiters, and barmen 197
Gardeners and Miners		19	

"The result here shown is so startling that the Registrar-General not inappropriately designates it as 'appalling,' seeing that the proportion of deaths from liver-diseases is in reality six times greater among men exposed to the temptations of 'nipping' than in that of all the other industries combined.

. . . Nothing could be more conclusive of the deleterious effects of so-called moderate drinking on the human constitution; for as all different effects in this world originating in identical causes are but relative, it is readily seen how a lesser proportion of 'nipping,' though giving rise to lesser results, must nevertheless cause a proportionate number of cases of disease in the liver and kidneys to those given in the above tables."

We will not follow Dr. HARLEY'S able and instructive paper farther, but will point out the fact that his tables are not comparisons between moderate drinkers and total abstainers. Had these two classes been the basis on which the tables were founded, the contrast would have been much greater, as against moderate drinkers.

The subject of moderate drinking as a cause of disease is of great importance to us as medical missionaries, because the Chinese are moderate drinkers, if not universally yet to a large extent. We must therefore take into consideration alcoholic poisoning as existing in a greater or less degree in the majority of our adult patients, both male and female, and successful treatment requires the elimination of this cause, if it has gone no farther than functional derangement; and if it has gone farther, then the appropriate measures to remedy the local and general damage done.

In passing, we wish to call attention to the fact that alcohol is in many cases combined in Chinese patients with opium in producing and modifying disease, and to these is superadded the poison of tobacco-nicotine; and in not a few cases all of these are combined with the syphilitic poison. We have then a complication of effects giving scope for careful study and the exercise of judgement in the application of remedies.

# NOTES ON THE OCCURRENCE OF BERI-BERI OR KAKKÉ AT SWATOW.

By PHILIP B. COUSLAND, M.B., C.M.

I am induced to bring forward the following notes on Beri-beri, very little having been published as to its occurrence, clinical features, etiology, etc., as observed in China. As the tendency of this disease to attack schools and similar institutions is a very serious matter to those who are engaged in Mission work, it is important that all such occurrences should be made public, with a view to clearing up its causation, in the hope that when the predisposing causes are known, we may be able to adopt adequate preventative measures. The first occurrence of Beri-beri in the schools was in 1886, when both the boys' and girls' schools had to be closed on account of it.\*

In 1887 the outbreak of Beri-beri was confined to the girls' school. The first cases developed a month earlier than in the outbreak of 1886, i.e., at the beginning of April instead of May. The girls to be first affected were those who had been down with it the previous year, and they were seized pretty much in the same order as on that occasion. As the disease spread steadily there was nothing for it but to close the school and send the girls home, where they all speedily recovered with the exception of one, who has not quite got over it yet.

The following two cases exemplify the symptoms exhibited.

Case I.—MI-FOH, aged 16. Has been ill for 3 or 4 days. Complains of numbness and weakness of the arms and legs, so that she walks with difficulty. Her limbs also ache constantly and the pain is aggravated by standing. She has also pain in the knees on walking.

#### Affected Areas.

Arms.—The extensor surfaces of the forearms are numb up to 3 inches above the elbow. The palms are not affected, and the flexor surfaces are implicated to the same extent as the extensor, but more slightly.

Abdomen, Thorax, Face, not affected.

Legs.—The soles, calves, and flexor aspect of the thighs normal. Instep a little numb. The anterior Tibial surface from the front of the ankle to the Tibial Tuberosity, and from the internal posterior angle of the Tibia to the Fibula, quite numb. Front of thighs somewhat numb.

Sensibility to touch is undiminished. She is conscious of the lightest touch.

<sup>\*</sup> For details see China Medical Missionary Journal, Vol. I., No. 2, p. 74.

Sensibility to pain is lost in the affected areas in direct proportion to the feeling of numbness. She is quite conscious of a pin being thrust into her skin, but there is no pain. A slight prick, however, on an unaffected part, such as the calf, maks her jump at once.

Sensibility to heat is lost in the same way as that to pain.

The knee-jerk and abdominal reflex are well marked. There is no incoordination, and the special senses are unimpaired. Both sides are affected with equal severity.

This girl was the first to be ill both years, and although she has not come back to school this winter the muscles of her legs still continue to trouble her by their tendency to ache.

Case II.—Hah-si, aged 14. Ill 3 days. This is a fairly typical history of the onset of the disease. It was a second attack and therefore more areas were implicated than on the previous occasion.

Monday.—She experienced a hot, aching feeling in her insteps; this gradually spread up the front of the leg to the knee. She had a restless and disturbed night.

Tuesday.—The arms were now involved. In the evening had formication in the affected parts.

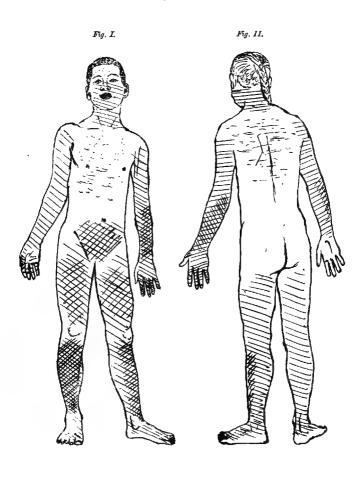
Wednesday.-The symptoms spread to the face and neck.

On examination, the flexor and extensor surfaces of the legs, with the exception of the soles, to about 3 inches above the knees, the arms, with the exception of the palms, up to the shoulders, the abdomen, neck, and face, were found affected, and also, but more slightly, the chest, forehead and temples. In these areas sensibility to touch was diminished, and that to pain and heat was lost. The right leg was weaker and more painful than the left, and by the 6th day the knee phenomenon on that side was considerably diminished while the left remained unimpaired. The other reflexes were normal. The upper dorsal region of the spine was tender on percussion. The special senses were nonaffected.

These two cases illustrate the features of the disease fairly well; it only remains to make a few remarks on the symptoms as observed in all those affected.

Aching, rheumatic pain, heat, formication and numbness are generally complained of in the affected parts. The sensibility to touch is diminished but not lost; gentle pressure with the finger is always felt. To this, Case I. is an exception, as the sense of touch was quite acute. Sensibility to pain and heat are lost.

The order of frequency in which the different areas are attacked is well exemplified in Case II.; the anterior tibial regions are the first, then the extensor aspect of the forearms, the front of the thighs, and the abdomen up to the umbilious.



These figures are intended to show the areas affected in the cases of Beri-beri that have come under my observation here. The cross-hatching indicates those usually affected. Sometimes the disease spreads to the parts which are shaded with simple lines and rarely to those indicated by scattered dots.

The rest of the arms, the calves, face and neck are sometimes attacked, and the palms, soles, chest, and dorsal region of the back more rarely.

There is no evidence of the neuritis spreading to the nerves of special sense, with the doubtful exception of the optic, dimness of vision being a frequent concomitant. The organic reflexes I have never seen affected. Sometimes the knee-jerk is diminished or abolished, and sometimes not; it seems as if it were only when the disease has continued for some little time that it becomes affected.

Tenderness of the spine in the upper, middle, or lower dorsal regions is usually to be elicited by percussion, a symptom which it is difficult to grasp the significance of on the Multiple Neuritis theory.

The implicated muscles are at first hard, painful, and tender on pressure; afterwards they atrophy, become flabby, and respond very feebly to the Faradic current. The right leg is usually more affected than the left. Paresis of the anterior Tibial and Femoral muscles causes respectively dropping of the toes and a tendency for the knee to give way when walking. Dr. Buzzard has pointed out that it is only in those cases of Multiple Neuritis in which there are agonising, shooting pains and hyperalgesia that the nerve-trunks are found to be tender on pressure. It is, therefore, not surprising that in these cases of Beri-beri this symptom is absent.

As to the nature of Beri-beri, the theory now so largely held that it is a multiple peripheral neuritis caused by a specific, possibly microbic, poison, seems to be the one most capable of explaining the dry form of the disease.

The interesting feature in last year's outbreak is this:—In 1886 both schools had to be closed on account of it, the boys' first and then the girls', but in 1887 not one boy was affected, although several of the scholars were those who had been the first to be seized the previous year, and whose recovery was even then incomplete. This is all the more remarkable as SIMMONS states that in Japan females are much less liable to Beri-beri than males. Now the only difference between the schools in 1886 and 1887 was that while in the girls' school the number of pupils was about the same, in the boys' there were only 16 in 1887, as compared with 26 in 1886.

In the Theological Seminary, where each student has his own little room, there were, as last year, no cases; and it is very remarkable that I did not hear of a single case in Swatow or the large district of which Swatow is the port.

I would be inclined, then, from my experience, to think that a prime factor in its production is to be found where there is any tendency to overcrowding. Another important element has been proved by Japanese observers to be a faulty dietary; but that this is of secondary importance is, I think, shown by the fact that although the dietary in the boys' school was unchanged, yet there were no cases there, nor yet in the Seminary, where the students, being allowed to buy their own food, are suspected of economising to a perhaps hurtful extent.

These two elements can only be predisposing, for these schools had been in operation for more than ten years, with the same or sometimes a larger number of pupils, before Beri-beri was known in them, nor do they compare unfavorably in this respect with other similar institutions in the south of China. There must have been an importation of the specific poison, and possibly we have to thank Singapore for it, as every year a number of returned emigrants turn up at the Hospital with Beri-beri got there.

As to Treatment, prevention alone is of any avail. With this object the girls' school has been disinfected, the number of scholars diminished, and an attempt made to improve the dietary by increasing the quantity of nitrogen by diminishing the quantity of rice, substituting wheat and oatmeal, and increasing the allowance of meat and fish. These measures, it is to be hoped, will prevent a recurrence of the trouble this spring.

English Presbyterian Mission, Swatow, February, 1888.

April 28th, 1888.

Beri-beri has recently appeared in the Boys' school, and already half of the inmates are affected. As there are only eleven boys in the school this year there is not the slightest approach to crowding.

It would appear, then, from this recurrence of the disease, that I have laid too much stress on the influence of overcrowding as a predisposing cause; and as to the effect of diet, this outbreak will throw no light upon the subject as, owing to an interregnum, the boys have, unfortunately, reverted to their old dietary since reassembling in March.

P. B. C.

## SOME SHANTUNG HOT SPRINGS.

By JAS, B. NEAL, M.D.

In the Shantung Promontory, Prefecture of Tungchowfu, exist a number of hot springs of differing degrees of heat, some sufficiently hot to boil eggs and used by the people for cooking their food, others of comfortable temperature for bathing without addition of cold water. So numerous are these springs that in visiting one located south of Chefoo, and questioning the natives, I was told

nearly every "Hien" had one. This, though undoubtedly an exaggeration, serves to show that they are not uncommon.

I have myself visited four, but propose in this paper to confine my remarks to the three springs located within easy reach of Tungchowfu, none distant more than a full day's journey on horseback.

# Wăn Shi T'ang 温石塘 and Ai San T'ang 艾山塘.

Beginning with the two springs situated nearest to Tungchowfu, we may consider them most conveniently together, inasmuch as a chemical examination of their waters shows them to be of almost exactly the same composition, and their temperature differs only half a degree.

The former of the two, Wăn Shi T'ang, 温石塘, is located about seventy li, less than twenty-five miles, south from Tungchowfu, at the foot of low hills, in the midst of a small, unattractive village. There is nothing about the spot to recommend it either as a place for passing a vacation week or as a pleasant resort for bathing. There is only one spring here, the water, as it issues from the ground, having a temperature of 124½° F. The accommodations for bathing are the poorest of all the three springs described in this article, the "Kwan t'ang," or official bathing-place, being merely a large, square, stone bath-tub, covered by a roof and surrounded by a wall, the entrance thereto being entirely unguarded by any door, so that the keeper of the baths has to be bribed to watch the gate to secure privacy, the whole place being quite open to the outer air.

My first visit to the spring was on a November evening, and my companion and I rather shivered at the idea of a bath in a place exposed to all the cool breezes of that time of year, but one plunge sufficed to show us that the heat of the water abundantly compensated for any coolness of the atmosphere, and we retired from our bath in a parboiled condition. However, with sufficient cold water added it would undoubtedly be very pleasant for bathing.

Ai San T'ang 艾山塘, one hundred and twenty li, about forty miles. south-east of Tungchowfu, is situated at the foot of the hill Ai San, which, next to Tai San, is the highest in Shantung. The road thither is a pleasant, mostly level road. The village in which the spring is located is not specially interesting in itself, but the surroundings of the place are attractive, the hills being particularly so. The ascent of Ai San, to begin which one has to go some twenty li on donkeyback or horseback, makes a pleasant day's trip; while very soon a gold mine is to be opened within ten li of the town, which will add to the attractions of the place.

The bathing facilities are very fair, there being an official bath-house for men, a separate one for women, and a common bath-tub for the people generally,

This arrangement of three separate bathing-places prevails at all three of the springs described, but the facilities at Ai San T'ang are the best of the three.

The bath-house consists of a room which can be made perfectly private, and even in cold weather could be made very comfortable by pasting paper on the windows to keep out the wind; the bath-tub being of stone, very large and roomy. The floor of the room is, of course, of mud, with stone seats arranged about the wall. The water, as it bubbles up from the ground, has a temperature of 125° F., and, on the addition of a few bucketfuls of cold water, makes a delightful bath, the water being very soft and pleasant to the skin.

There is considerable sulphuretted hydrogen in the water, but the smell is scarcely perceptible and does not detract in the least from the pleasure of bathing. The water, too, is very sweet and pleasant to the taste, as is also that at Wan Shi T'ang. Opposite the spring is a temple where the priests seem quite ready to entertain foreigners, the innkeepers of the village refusing to do so, owing to some trouble in former years with foreigners who visited the spring.

The waters of both these springs, Ai San T'ang and Wan Shi T'ang, contain considerable iron, free carbonic acid gas, Co2, and sulphuretted hydrogen, H2S. The latter substance certainly exists in some quantity in the water of Ai San T'ang, but I failed to detect it in that from Wan Shi T'ang. The general appearance of the spring and its great similarity to that at Ai San, however, incline me to believe that sulphuretted hydrogen also exists in it in small quantity. The other constituents consist of carbonates and sulphates of calcium and sodium, sodium chloride and silicic acid. The water of both springs is essentially a soft water. I presume they would be classed as sulphur-springs, though the amount of free carbonic acid gas makes me doubtful whether they might not more properly be called carbonated springs.

# Chiao Yuen T'ang 招遠塘.

The two places already described possess only one spring each. At Chiao Yuen, somewhat less than fifty miles south-west of Tungchowfu, there is a group of three springs, two of them within a few feet of each other, the third being off at a distance of several hundred yards from the others.

These springs are specially interesting from the marked difference in temperature in the three. In the one which supplies the bath-houses the water has a temperature of 165° F., in another, within a few feet of it, the thermometer registers 184°, while the third rises to 193°.

The water is markedly different in constitution from that at Ai San and Wan Shi T'ang, being very brackish and disagreeable to the taste, containing a larger quantity of iron, and much more calcium, with no alkaline carbonates, partaking in every respect of the characters of a hard water. It, like the others,

contains considerable free carbonic acid gas but no detectable sulphuretted hydrogen. Though essentially a hard water, when cooled sufficiently by the addition of cold water it makes a most agreeable bath.

The bathing accommodations here also are good, only slightly inferior to to those at Ai San T'ang, but there is little of interest in the surrounding country, and the springs are situated in a squalid, unattractive suburb of Chiao Yuen city. The road, too, from Tungchowfu to the springs is a very hilly, hard road, much more difficult to travel than that to either of the other springs.

## Medicinal Properties.

The natives speak of the springs as being good in the treatment of rheumatic complaints and skin-diseases, and of the two which are drinkable as constituting good tonics. These conclusions, in my opinion, are quite correct, and not to be improved upon by us who have better ground for our belief than the natives, who have formed their opinions simply from clinical experience. The quite perceptible amount of iron in the waters would make a course of daily drinking, at the same time that baths were being taken, highly beneficial. This, however, applies, of course, only to the two first described, as the water at Chiao Yuen, though containing more iron, is quite unfit for drinking.

Of the three I should certainly recommend the Ai San T'ang in preference to either of the others to any one desirous of visiting one of them, partly for the reason that it is easily and comfortably reached from either Chefoo or Tungchowfu, and partly because of the good bathing accommodations and the pleasantness of the surrounding country.

A stay of ten days or two weeks at Ai San, combined with excursions to neighboring points of interest, to any one suffering from any chronic rheumatic trouble or long-standing skin-disease, or run down from too prolonged in-door application, I am confident would result in much good. Such an excursion, however, should by all means be made in the spring or early summer, before the pests of Chinese houses become too numerous, or even preferably in the late autumn, when the days are delightful for travelling.

American Presbyterian Mission, Tungchowfu, May 8th, 1888.

# A QUARTERLY MEDICAL JOURNAL IN CHINESE.

By Dr. H. T. WHITNEY.

Dr. Kerr, of Canton, first started a journal of this kind in 1880 and continued it through eight numbers, but for various reasons was obliged to give it up, and since then has not seen his way clear to resume it again. And as it is doubtful about his ever being able to take on such a responsibility in connection with all his other labor. I understand he would prefer some one else should undertake it.

It certainly is no easy task to look after a work of this kind in addition to all the varied duties of a medical missionary. For "beauty of situation," Shanghai is the most central and in every way the best adapted for such an enterprise. And it occurs to me that Dr. H. W. Boons, if he has the time and will undertake it, is just the man for us to call to this important post.

Would it not be well to ascertain soon the mind of the other members, as our mode of operation is slow and requires considerable time to bring any matter to a final issue?

It may be asked by some, in this connection, whether there would be a sufficient demand to warrant such an undertaking.

For one, I see no reason why a well-edited, illustrated medical journal should not secure a circulation sufficient to warrant its support. Dr. Kerr was evidently confident of this eight years ago when he first made a trial of it, and the reasons and indications for its success are far in advance of what they were then.

Already quite a large number of medical students have gone out from the instruction of missionary physicians and others who, no doubt, would be glad to avail themselves of such a help. There are also quite a large number of native doctors who have read Hobson's Works, Osgoop's Anatomy, and most of Dr. Kern's Works, and are sufficiently familiar with Western medical ideas and expressions to derive considerable benefit from a medical journal.

Then, again, in the twenty or more missionary hospitals in China there are quite a large number of students constantly under instruction, all of whom could profit much by such a journal. A medical journal for our Chinese medical students is of as much relative importance to them as our medical journals are to us; and while at first, perhaps, many would not appreciate it, simply from ignorance of its worth, yet they would learn to value and desire it.

There are also a good many native doctors and "progressive" Chinese who buy everything they can find on medical subjects, just to get the information. These and other reasons that might be given would seem to justify such an undertaking, and certainly a door is open here to spread an immense amount of sanitary and hygienic information, in both of which the Chinese are sadly in need.

Here is also an avenue for educating the reading classes, and indirectly others, so they will have less faith in quacks and more confidence in the regularly instructed Chinese.

Here is a good place to inform against the evils of opium, wine, tobacco, immorality, etc.

They can also be taught the proper use of many of their own simple remedies and many inexpensive ways of treating themselves in emergencies, and caring for their health generally.

It remains to be done in China what has had to be done in all other countries where the common people have any proper knowledge of themselves or the use of simple remedies, or have learned to properly respect and confide in the skill of good physicians.

China, from a medical point of view, is in the "dark ages," and as yet a beginning has hardly been made to remove the "scales" from her eyes. And it seems to me that through the avenue of a medical journal the missionary physicians in China would have an opportunity to discharge one of their most important duties to this people.

Some may be inclined to wait a year or two in the hope of meeting at a General Conference to mature this or any other plans the Association may have for future work. But why put off till to-morrow what can just as well be done to-day? Let us seize time by the forelock and keep the wheels rolling.

#### LEPROSY. \*

By W. H. PARK, M.D.

The first thing to be settled is, what disease is meant by the term "Leprosy." Nothing can be more confusing than to consult the various dictionaries, cyclopædias and medical books, under the heading "Leprosy." One would think that almost every strange disease of the skin that ever was seen had been at one time or another designated "Leprosy." Vitelligo, Elephantiasis or Barbadoes Leg, Ichthyosis, Morphæa Alba, Morphæa Nigra, Lipidosis Lepriasis Vulgaris or Psoriasis, etc., etc.

The different names for true Leprosy are also not a few,—Elephantiasis Græcorum, Lepra Arabum, Leontiasis, Satyriasis, Lepra Veræ, etc., etc. Willan, an authority some years ago, claimed that the term "Leprosy" should be restricted

<sup>\*</sup> Read before the Soochow Literary Association, April 5th, 1888.

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to the disease called Psoriasis,-that true Leprosy was Psoriasis and Psoriasis was true Leprosy. This is the definition followed by KITTO, McCLINTOCK and STRONG, WEBSTER and some others, but the best authorities of the present day do not agree to it for a moment. True Leprosy is the disease called Elephantiasis by the Greeks, Lepra by the Arabians, Der Aussatz by the Germans, La Lèpre by the French, Spedalskhed by the Norwegians, and Da Mo Foong by the Chinese. It may be defined as "a chronic constitutional disease, characterized by structural changes in the skin, mucous membranes and nerves, and producing great disfigurement of the features and deformity of the extremities." "It causes, or predisposes to various affections of the internal organs, and eventually occasions death, either by these affections or by the specific marasmus of the disease." It possesses a history more heavy than that of any disease with which we are acquainted. It has existed from pre-historic ages. "The Hebrews were sorely afflicted with it before leaving Egypt." Indeed, "according to the historian Manetho, the Egyptians drove the Hebrews out on account of this plague of Leprosy." We all know how often it is spoken of in the Bible. However, Leprosy in the Bible does not always mean Elephantiasis Græcorum, the disease that is now called true Leprosy. It sometimes undoubtedly meant Psoriasis, the Leprosy of Willan. Naaman the Syrian probably had Psoriasis, for we read that he was a mighty man of valor,-and Psoriasis does not, as a rule, prevent a person from following his ordinary avocation; his Leprosy was to cling to Gehazi and his seed forever, and Psoriasis is hereditary. Only a few days ago I saw a man with the disease, who said that his only son was also afflicted with it. Gehazi went out from the presence of the prophet a leper white as snow, and Psoriasis has white mother-of-pearl scales. In the chapters xiii and xiv of Leviticus, we probably have "not a description of any one disease but an enumeration of certain symptoms which, on account of their frightful character and tendency to spread, would render the individual an object of aversion and demand his separation." "Leprosy in garment and house was probably some species of mildew, or else the spots indicated some fungus which by contact would generate disease in human beings."

"From Egypt and Palestine Leprosy spread to Greece and Italy and other countries in the Mediterranean Sea. It was probably brought to Central and Western Europe by the returning Crusaders, between the 12th and 13th centuries, and spread with alarming rapidity. It disappeared from these sections of Europe towards the end of the 15th century." After this disappearance the disease was gradually lost sight of in civilized countries, until its very existence seemed almost mythical. It is only within late years that the writings of the Norwegian physicians, and of European physicians residing in Eastern countries, have called the attention of the civilized world once more to the disease. Last year it attracted more attention than ever. The Norwegian Government sent

Dr. Hansen to the United States to enquire into the heredity of the disease among the Scandinavian settlers of the North-west. Dr. Besmen read an exhaustive paper before the Paris Academy of Medicine, on the contagiousness of the disease, and urged the importance of early segregation in every case. The Royal College of Physicians of England appointed a committee to enquire into the question of the contagiousness of the disease. In our own country it is attracting more and more attention each year. That it existed among the Chinese in California, and the Scandinavian settlers in some of the North-western states, has been known for some time, but of late several cases have been reported from Georgia and South Carolina, "notably no less than 13 cases (white and black) from Charlston, S.C." In one of my latest medical journals I see a new case, reported from Savannah, Ga. A mail or two ago the papers brought an account of the excitement caused, in Philadelphia, by the discovery that a doctor in that city had under his care two cases of Leprosy from South America.

## Present Geographical Distribution.

While isolated cases of the disease are to be found in every country under the sun, it is principally found on the coasts and islands of the Mediterranean, Black and Caspian Seas, in Norway, Asia Minor, Syria, Palestine, India, China and the countries south of China, Japan, South Africa and the adjacent islands, in the Sandwich Islands, in the islands of the Australian Archipelago, in South and Central America and in Iceland. There is a leper colony at Tracadie in New Brunswick. In the United States there are at least 100 cases, and, as I have already intimated, it seems to be on the increase there. The disease is known all over China, but prevails more extensively in the Southern provinces. Adding up all the cases reported in all the Reports of Mission Hospitals at my command, for 1886, I find 416; 270 of these were from Swatow and 96 from Foochow. This by no means represents the whole number seen, for several of the reports contained no classification of the diseases of dispensary patients. Since opening the Soochow Hospital we have reported 181 cases. Taking these 181 cases as a basis, I calculate that there are probably one hundred and fifty thousand lepers in China. In India there are said to be 135,000.

#### Symptoms.

The disease, as a rule, begins in the face. The skin gradually becomes of a dusky, red color and soon begins to thicken. The eye-lashes and eye-brows all fall out, and the beard, if there is any, becomes thin. The skin gradually thickens until it may be thrown into folds on the forehead, constituting the peculiar appearance that has given the name Leontiasis (like a lion) to the disease. The thickening of the skin also makes the face appear broader, and

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causes it to become almost as expressionless as though the person were a mask. The physiognomy is so completely changed that a person would hardly be recognized by his nearest friends. I have seen a boy of 18 who, so far as his face was concerned, looked as though he might be at least 60. The alæ of the nose enlarge and hang down, and the ears sometimes get to be tremendous. About the time the face is affected, or may be later, the hands, one or both, and the whole hand, or may be only certain parts, become anæsthetic. With the numbness certain muscles atrophy, especially the muscles of the ball of the thumb, so that instead of an eminence there, we see a depression. Next, unhealthy, sluggish ulcers may appear on the finger-joints and slowly eat their way, without causing any pain, until the fingers drop off. After a finger drops off the stump heals and becomes smooth and firm. Next, the septum of the nose, and the soft palate, may be eaten away. Now, this is as far as I have ever seen the disease go. That it does develop worse features, in this part of China, I have no doubt, but the worst cases have never as yet presented themselves at the hospital. I give a further picture of the disease by copying the description, given in the Medical Record, of a case found in the Lazaretto at Tracadie, in New Brunswick:-

"Peter N---, aged 32. Mother alive and well, aged 52; father died when 72 years of age. Has two sisters and five brothers, the youngest being five and the oldest 25. No other trace of the disease in the family, except grandparent on the mother's side died of it. He suffered the usual indefinite premonitory symptoms, and was admitted into the Lazaretto 12 years ago. For a number of years he enjoyed good health, and added much to the social enjoyment of the institution, in that he is an intelligent and sociable fellow. But during the past years he has failed very much, and now, to say the least, is a most pitiable object. The skin of the body is of a bright, shiny, bronze color, and here and there are seen irregularly-shaped, yellowish, pigmented spots, while the palm of the hands is rough and scaly, and of a glistening color. The skin over the forehead is thrown into a number of distinct folds. The eye-brows and eye-lashes have fallen off, the eye-lids thickened and everted, and the beard, which was once full, thick, and heavy, is very sparse and thin. The nose is large, broad and flat, and numerous little blood-vessels, varicose and dilated, are seen over its surface. The septum nasi is absent, and the alæ nasi are thickened and pedunculated, and the anterior nares partially closed, from hardened secretions. The mouth is much distorted, the lips are thick and protruding, and the mucous membranes of the cheeks are covered with a grayish ulceration. The tongue is not enlarged, and on it are seen numerous little gray ulcers. The soft palate and pillars of the fauces are partially destroyed, and perforations are seen at its juncture with the hard palate, so that communications exist between the nose and the mouth. The breathing is stridulous and the voice husky and dysphonic, and deglutition difficult and painful, showing that the deeper laryngeal structures are also involved. The ears are enlarged, and the lobules hang down like two pendent masses. The hands are much distorted, the fingers stiff and crooked, with the phalanges flexed upon the palm, nails absent, and a thin, serous discharge exudes from the matrix. Glands of the neck swollen and freely discharging a thin, stinking, irritating matter. Large ulcers are seen upon the skin, and the tibia itself is painful and tender to the touch, from subacute periositiis. The toes are swollen, and superficial ulcers are seen between them, and over the phalangeal joints the disintegrating, dismembering process has begun."

Two forms of the disease are recognized; where thickening predominates it is called Tubercular, where the numbness predominates it is called Anæsthetic. It is not easy to make the distinction, for in most cases the two are combined. The case, the description of which I have just given, was one of Tubercular Leprosy. I now copy the description of a case of Anæsthetic Leprosy, found in the same institution. "We find him a handsome young man, with dark hair and full beard, heavy eye-brows, and long eye-lashes; pale skin, high cheek-bones, rather long nose, broad and high forehead, in fact, quite an intellectual face. There are a few papules on the hands and chest, and a few scattered, discolored spots on the body. The hands are much emaciated, long and thin; the interrossei muscles very small and atrophied, so that the metacarpal bones stand out in bold relief. The joints are beginning to undergo disintegration. The fingers are bent and distorted towards the palm, and are always partially flexed, and extreme extension is impossible. There is little or no feeling in the parts, in fact a pin can be thrust deeply into the tissues and no pain is experienced. The young man's spirits are good; has good appetite and excellent digestion,"

As this disease is largely distributed over the world, in cold as well as hot countries, the question may arise as to whether it shows different symptoms in different countries, or whether it is everywhere the same. This question is answered by Dr. Liveing, of London, one of the foremost dermatologists of the day. He says:—"I have had under my care cases of Leprosy from many different parts of the world, including India, Burmah, Mauritius, Africa, West Indies, Brazil, North America and Europe, but in all these cases the disease has presented exactly the same characteristic features."

#### Causes.

The etiology of Leprosy has long been the subject of dispute, and it is only lately that doctors have come to anything like a clear understanding of the subject, and even now it is far enough from being very clear. It is probably due to the introduction into the system, and multiplication there, of a specific micro-organism or bacillus called the bacillus lepræ. Taking the world over there are more cases of Leprosy in hot than in cold countries, yet it "occurs in the most various races, in different climates, and under the most divergent habits of life. It prevails in the tropics of America, as in Northern Iceland; among Africans, as

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among the Chinese; in the lowest classes of Madeira, as in the highest of Rio Janeiro. It is improbable that it can be due to any of the various climatic agencies to which its onset has been ascribed. Thus it has been claimed to be due to atmospheric, to telluric influences, to malarial agencies, etc., etc. But it exists in inland as well as in littoral districts, in mountainous as well as in flat and sandy regions, in moist as well as in dry climates; it is at home among the mountains of Norway, in the swamps of the Crimea, and on the fertile plains of India."

"Improper diet has next been invoked as a cause, especially the consumption of salted or stale fish, and of fish-oils. This is the reason assigned by the natives of Norway and Iceland for the prevalence of the disease among them. But the Egyptians, the Mexicans, the Hawaians, do not live upon such food, and amongst all these the disease is endemic and finds to-day its most chosen seats."

"Bad hygienic surroundings, foul air, filthy dwellings, improper personal habits, are supposed by some to be influential in causing Leprosy. But these conditions prevail more or less everywhere, and Leprosy does not; they are most strikingly exemplified in the large European cities, where Leprosy is virtually unknown. On the other hand, in some parts of the world, as in Brazil, the richest and best-cared-for classes furnish a proportionately large number of cases."

"That the disease is hereditary is generally believed, but the same peculiarities and freaks of heredity that are seen in other constitutional blood-diseases are noticeable in Leprosy, in that it often skips one generation to appear in another, or shows its potentiality in certain members of a family and not in others."

"It is mostly seen after puberty, in adolescence and middle life, yet no age is exempt from it; the young child as well as the septuagenarian is occasionally attacked by it. The youngest case ever admitted into the New Brunswick Lazaretto was a boy aged eight years."

Dr. McGowan reports having seen, in a leper village near Hanoi, a child four years old, all of whose fingers had crumbled away except the forefingers of one hand.

"Leprosy is more common in males than in females, and there seems to be a greater resisting-power in women, for in them the advance of the disease is much slower."

A good many doctors are of the opinion that the disease may arise spontaneously. The recent cases reported from Georgia and South Carolina would seem to favor that view.

"Almost all peoples have regarded Leprosy as a visitation of God, on account of some sin." On the other hand, in some parts of Europe, during the Middle Ages, "it was regarded as a sign of divine preference, as in a woman to preserve her chastity. They were regarded as saints, and rendered much honor and alms."

We come now to an important question in the etiology of the disease, and one that concerns us especially, as we live in a country where the disease prevails. Is it contagious?

This question can be answered "Yes," and it can be answered "No."

"Yes,"—for in New Brunswick the disease was not known prior to 1819. It was then introduced by a woman named Ursale Landry, and from this one person it spread with alarming rapidity, and would, perhaps, have soon extended over the whole country, just as it has over the Sandwich Islands, had not the Government interfered by segregating those attacked. "Forty years ago," says Dr. Shoemaker, of Philadelphia, "Leprosy was introduced into the Sandwich Islands by two Chinese coolies; now over forty-five hundred persons, or one-tenth of the total population, are victims of the disease. In 1805, there were three lepers on the island of Trinidad, in 1878 there were very eight hundred and sixty. In Norway, on the other hand, where a rigid system of isolation is enforced, the numbers of lepers has decreased fifty per cent within the past twenty years."

"No,"-for children of leprous mothers have been born in lazarettoes and grown up there without contracting the disease. A case is reported from New Brunswick of a healthy husband who buried three leprous wives in succession and still remained strong and well. Here in China I find no evidence of contagion, and I have lately made it a point to enquire about the family of every case that comes to the hospital. In some rare instances a patient will say that his father or grandfather, or may be an uncle or an aunt, had the disease before him, but I have never yet found more than one leper in a family at the same time, be that family ever so large. The day I wrote this, a leprous woman came to the hospital, bringing her child with the whooping-cough. The child showed no signs of Leprosy, and the woman affirmed, in answer to my repeated question, that she herself was the only member of her family who had the disease. A well-to-do merchant who has Leprosy has been coming to our first-class department for treatment, and he says he has a wife and several children all free from the disease. The lepers in this part of China live in their own homes and come and go and mingle with other people at pleasure, and no one seems to notice them any more than if they had lan-kiah (ulcer of the leg), or lan-li-den, (favus of the head), and yet with all these opportunities for contagion, less than one in two thousand of the sick are afflicted with this disease.

So we can prove that Leprosy is contagious and we can prove that it is not contagious. This is quite in accord with the opinion of doctors on the subject. "The Royal College of Physicians requested an expression of opinion from many physicians, familiar with the disease, in all parts of the world, and received a large number of replies. Of these authorities, thirteen asserted positively that the affection was contagious, while thirty-four maintained with almost equal positiveness that Leprosy was not transmissible by contagion. In several cases

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affirmative and negative opinions were given by different physicians residing in the same locality." How can these differences be reconciled? I think I can give a possible explanation. Leprosy is contagious, but only so by inoculation. For a person to contract Leprosy he must have an open sore or an abrasion of the skin, and through this some of the bacilli from a leprous person must enter the system. It is highly probable that a great many persons are not susceptible to the poison even when introduced in this way, just as some persons are not susceptible to the virus of vaccination. That the disease is contagious in the ordinary sense of that term, so that it can be communicated from one person to another, as scarlet-fever or measles, without contact, I do not at all believe.

We, living here in China, where Leprosy abounds, are in no danger whatever of contracting the disease so long as we do not come in actual contact with it, and even then we run no risk so long as our skins are whole. Doctors in charge of lazarettoes, and nurses constantly with the inmates attending to their wants and dressing their sores, never contract the disease.

#### Duration.

The duration of the tubercular form of Leprosy is said to be about 12 years. The anæsthetic form lasts much longer. The disease lasts longer in women than in men. While in New York, I heard a doctor from the West Indies say he knew of a woman who had the disease and had been in exactly the same condition for forty years.

#### Treatment.

For this disease, prevention is not only better than cure but it is the only cure, although the disease is sometimes arrested by change of climate. Since the disease can be communicated by inoculation, every case of Leprosy should be isolated at once. In Japan, as soon as a man develops Leprosy he is sent away from his family and must continue to travel, the hope being that change of place and climate may arrest his disease; if not, he must settle in some village with other lepers. In China, at least in this part of the country, nothing of the kind is attempted. I gather from Dr. McGowan's article, in the North-China Daily News, that there are leper villages in the South of China, but I doubt if the Government has anything to do with establishing them.

In Norway and New Brunswick segregation is fairly successful and the disease is gradually dying out. We all know how strict the Mosaic law was on this point; the least appearance of any disease of the skin was enough to place the person under surveillance, if it did not banish him altogether. In Europe, during the Middle Ages, lepers had to live apart in houses called Lazar-houses, which were generally built near some stream of water. "The inmates had to be silent and attend morning prayer and mass. In some houses they had to say so many prayers they had no time for anything else. No woman except the washerwoman was allowed to come near."

## Causes of Death.

Since Leprosy cannot be cured it is well to inquire into the ultimate cause of death. Great numbers of lepers die from Bright's Disease, lung diseases, diarrhoa, anæmia, and remittent fever. Only 38 per cent. die from the direct consequences of Leprosy, which are exhaustion from leprous ulcerations, leprous stenosis of the larynx, leprosy of the internal organs, marasmus and atrophies of various kinds.

# CASES TREATED IN THE SWATOW HOSPITAL.

By A. LYALL, M.B., C.M.

Dislocation of the Humerus forwards, of 26 days' standing, reduced by MacLeon's method.

In No. 1 of Vol. I. of the Journal there is an interesting article, on Dislocation of the Shoulder, by Dr. N. Macleon, and in it he requests other surgeons who may have tried his method of reducing these dislocations, to report the result. The case which I now report fairly represents the value of his method. My patient was a strong, muscular fisherman, who had dislocated his shoulder, 26 days before admission into the hospital, by falling when under the influence of alcohol. The man, indeed, might be called a dipsomaniac. He had reached that stage in the development of chronic alcoholism where drink was preferred to food at times when, the funds being at low ebb, both could not be obtained.

On examination the dislocation was found to be of the subcoracoid variety. The head of the humerus was lying rather more forward than is usual in such cases, and it had become quite adapted to its new position, as the arm could be freely moved without causing pain, and patient had begun to use his arm to some extent. The movements of the arm seemed so free that at first I hesitated attempting to put it in its proper position.

I tried first to reduce the dislocation, without chloroform, both by Macleon's method and by the usual method of extension with the heel in the axilla, but failed. However, I did not continue the attempt any length of time. Next morning the patient was put under the influence of chloroform, the arm raised to a right angle with the body, and while a Chinese assistant applied extension in the way recommended by Dr. Macleon, I kept my hands on the shoulder and the head of the humerus. Steady and gradually increasing extension was kept up for about one minute, when a "crack" was heard, and then the head of the humerus suddenly slipped into the glenoid cavity. It did this so quietly and easily that I hesitated to believe the accuracy of my sense of touch, but on adducting the limb to the side everything was found correct. Patient made a good recovery. For two or three

days he had a feeling of soreness over the spot where the head of the humerus had been lying, but there was little or no swelling. In such an alcoholic subject I certainly expected more swelling and pain to follow the breaking of the new adhesions and the reduction of the dislocation.

I have had some experience in reducing comparatively old standing dislocations by the usual methods, and may say that I was surprised in succeeding so easily in this case. I could not estimate the amount of force used. The Chinese assistant is a strong young man, but he did not appear to be exerting by any means his full muscular force.

## Radical Cure of Hernia.

The Radical Cure of Hernia has been somewhat prominently brought before the medical profession of late years, and now a considerable amount of data has been collected from which some idea as to the actual utility of the various operations may be obtained. At the last meeting of the British Medical Association the subject was fully discussed, and the conclusion apparently reached by the surgeous who took part in the discussion was, that in certain kinds of Hernia the radical cure is not only justifiable but also, in a pretty large percentage of the cases, successful. A full report of the papers read on this subject before the British Medical Association will be found in the December Numbers of the British Medical Journal.

In India, also, the various operations for the radical cure of Hernia have been extensively performed, not only in the large Government Hospitals but also by various Medical Missionaries in different parts of that country. There is no lack of suitable patients in China, but it is probable that the Chinese may not readily submit to Surgical interference for such complaints, as they do not care to run risks of life for the relief or cure of an inconvenience, the dangers of which they do not realise. In Swatow I have never come across a case of Strangulated Hernia. Such cases, however, must surely occur, as Hernia is very common. It is worthy of remark that, in this part of the Empire, almost all the Hernia met with are examples of the Inguinal varieties (oblique and direct), and they are usually found on the right side of the body. It is difficult to explain why rupture should be more frequent on the right side than on the left, The exciting cause in the formation of Hernia in the Chinese is, no doubt, the fact of their carrying heavy burdens, but burden-bearers are in the habit of freely shifting the burden from shoulder to shoulder as they trot along the narrow paths and roads. Possibly the right shoulder may get the lion's share of this kind of work in the long run, and hence the greater liability of hernial protrusions to appear in the right Inguinal region.

In China, so far as I am aware, little in the way of surgical procedure has been attempted for the cure of Hernia, and my only object in reporting the following case is to bring the subject before the notice of the members of our Association. If any of the Associates have performed the radical cure, perhaps they will report the result in the Journal.

In the case of my patient the rupture was so large as to seriously interfere with his work as a farmer; and it so happened we had no trusses in the hospital at the time. Wood's operation was performed, simply because it seems to be safer, if less efficacious, than those operations in which the sac is ligatured or twisted, etc. These last-mentioned operations are now usually performed; but in China it is always wise, in introducing a new operation, to perform the operation entailing the least risk to life. When once the safety of operating for any disease has been demonstrated, one carries all his native assistants with him, and the way is paved for performing a severer, and more efficacious, operation in subsequent cases.

Khou-hah-rî, aged 39, farmer, has suffered from rupture for five years.

Condition on admission.—Patient's general health is satisfactory. There is a large inguinal Hernia on the right side, descending into the scrotum. It can be easily reduced, but returns at once, even when patient is lying quietly on his back. The Inguinal canal is much dilated, admitting the forefinger very easily. Having no trusses on hand, I suggested performing the radical cure, to which he consented, as the Hernia interfered with his working in the fields.

For some days previous to the operation he was ordered to take one-grain doses of Quinine thrice daily. This is invariably my preparatory treatment in all cases of operation of any gravity.

February 18.—Dr. Cousland and I performed Wood's operation, a good description of which will be found in Heath's Dictionary of Practical Surgery.

It is unnecessary to give the details of the progress of the case. Patient never had a bad symptom. The temperature did not rise higher than 100°.6. Twice he suffered from retention of urine for 18 or 24 hours, and required to be catheterised. There was little discharge from the wound, and no swelling of the testicle, though a little along the cord below the incision.

On the 14th day after operation, I attempted to remove the silver wire suture, but failed to do so. I was careful to count the number of twists I made in fastening the suture, but, notwithstanding this, one twist had been left untwisted, so the wire remained fast. It was left in, the ends and the loop being cut away. Patient was kept on his back for another fortnight and then allowed to get up. On his leaving the hospital, five weeks from the operation, the result was apparently good. There was no impulse on coughing, or bulging on walking, and there was a firm mass along the line of the inguinal canal. A support in the shape of a pair of short "trousers," made of thick, strong material, lacing down the two sides, was firmly applied. Some cotton-wool was also placed over the part under the "trousers," to act as a soft pad. I hope the patient will return in six months to let me see the result.

#### IN MEMORIAM-DR. J. K. McKENZIE.

By Dr. SEWELL S. McFABLANE.

In consenting to write a few lines in memory of our departed brother, I feel deeply conscious of the difficulty and yet the privilege of undertaking such a task. The wishes of his former colleagues in Medical Mission work may perhaps be best met if I endeavour to give a short account of what I knew of him from personal observation. You are already acquainted with his general work from an article which appeared in one of the previous Numbers of this Journal.\*

It is now scarcely two months since I was requested to return immediately from our new Medical Mission station at Hsiao Chang, owing to the severe illness of Dr. McKenzie. On my arrival, however, I learnt the sad news of his death, after a short but painful illness of only six days, the cause of death being septic pleuro-pneumonia, complicated by pericarditis.

For the past twelve months it has been my great privilege to be co-worker with Dr. McKenzie, so that a few words in loving tribute to his memory may not be out of place.

Well do I remember our first interview, at the house of one of the members of our Mission. I had not been long in his presence before he linked his arm affectionately in mine and said, "Come along to my house, dear brother, and let us have a little thanksgiving for your safe arrival and for prayers answered." This was my first impression of the Doctor.

During the past year I had many opportunities of observing his high professional qualifications and his noble Christian character. Whether conducting his daily meetings with the hospital assistants and patients or performing some operation, whether major or minor, or going the round of the wards, or teaching the students, thoroughness and marked success characterised his work.

That life so recently taken from our midst still speaks loudly to all, speaks of the truth of Christianity, speaks of its power to transform men into the likeness of Christ. All who knew Dr. McKenzie, must have felt the power of the Divine Life dwelling within him. Those who had the privilege of knowing him intimately, and of living with him, can speak and write with even greater fulness of detail of the life and work of their beloved brother in Christ.

Great as his love was for the Medical work, his love for the Spiritual work was greater. He saw in each patient not the highly developed mass of protoplasm of the scientific sceptic, but a soul precious to its Maker, and therefore precious to him. In his patients he had learnt in everything to look not merely "at the things which are seen, but at the things which are unseen."

His love for the Word of God, the delight he had in the daily study of it, his childlike faith in it as the voice of God to man, his strong faith in the authority of that Book, the humility with which he accepted doctrines in that Book which the feeble and erring wisdom of man so often spurns from his creed with proud contempt, these among other things will ever live in our memory.

Who can ever forget his courage, singleness of aim, profound humility, self-forgetfulness, whole-hearted consecration to the service of Christ, perfect indifference to the smile or frown of the world, provided only he had the assurance that he pleased God. In him we all saw a Christian pilgrim, his staff and guide the Word of God, his strength and source of energy the indwelling Christ. Who ever saw him halting on the journey, or looking lingeringly back on the City of Destruction, from which he had fled!

Brethren, fellow-colleagues in this work to which we believe God has called us, may a double portion of McKenzie's spirit rest on each of us, for his indeed was the spirit and mind of Christ.

We are left for a season in a heathen land, as Christ's ambassadors. Like Him, we profess to have as our aim, to "heal the sick, and preach the Gospel," whether by word or deed. Our brother had his trials and troubles, though of a subtle form, and we must reckon on the same, for this is of necessity our portion.

May we, like McKenzie, stand fast, and be able to say with him, when our day is over and our work is done, "I have fought the good fight, I have finished the course, I have kept the faith."

Tientsin,

May 25th, 1888.

# THE DEATH OF DOCTOR MACKENZIE, OF TIENTSIN.

By B. C. ATTERBURY, M.D.

Something more than a passing allusion should be made to the loss which Medical Missions have sustained in the recent death of Dr. Mackenzie, at Tientsin. An extended account of his life and work will doubtless in time appear. What I want to call attention to now is the secret of his successful career as a Medical Missionary in all that these two words imply.

I can do this no better than to quote from a letter received from him not so very long ago. After speaking of some personal matters, he says, "Praise the Lord, we have had a good year at the hospital. Thirty-nine old patients were baptized during the year. I feel so grateful to the Lord for thus working when there is so much in me that is displeasing to Him. Yet all the more is the glory His. He is teaching me some things, - one is, to have more childlike faith to believe that what he says he means; and when Jesus says, 'Ask and ye shall receive,' I now know, as I never did before, that Jesus will answer my prayers, perhaps sometimes by not giving me that for which I pray. This year, God helping me, I intend to trust Him more, and more than ever use the hospital for the salvation of souls. I was searching out all the promises concerning prayer in the Word the other day. Oh, they are so full and wonderful, and I am so shamefaced that I have been dumb before the Lord for so long. Then, as to united prayer-'two of you agreeing together.' We have had a united noon-day prayer meeting, just a few of us, which has been much blessed to myself. Simplicity, directness, straightforwardness-these are all needed in prayer. I have been for years hypocritically repeating words in prayer when I never expected God to answer. How displeasing to a loving Father is such conduct. The Lord forgive me and teach me. Isn't it a privilege to trust the Savior."

This letter is headed with a text for the year, Malachi, iii. 10, which is, "Bring ye all the tithes into the store-house." Here we find the key-note of Dr. McKenzie's life. Perhaps some medical missionaries are content to bring some only of the stores into God's store-house. They are faithful in their professional duties, use their knowledge and abilities as well as they know how in curing the physical ailments of those who seek their help. But here they stop, forgetful that still some tithes remain which God will claim as His own. We come to a heathen country, not merely as medical men but as medical missionaries, to benefit the souls as well as the bodies of our patients. "ALL the tithes" was ever uppermost in Dr. McKenzie's mind. He worked as hard in his wards with Bible and Catechism in hand as he did with medicines and scalpel in the dispensary and operating-room.

Look at the result of all his faithfulness. I do not now speak of the large hospital he built, of his patients—mandarins and coolies—who sought his professional advice. His own letter, just quoted, tells that probably one out of every nine or ten patients who passed through his wards left a converted man. I say probably, for I cannot now say just how many in-patients there were last year in the Tientsin hospital. And this is but the record of one year's work. Last Easter Sunday the end came, so far as relates to the earthly stage of his existence. After a short, quick sickness he feels himself he cannot longer live. With perfect calmness he tells the bedside watchers that the time has come for him to go; disposes of his effects, making special mention of his Bible as a gift to his

child; explains his hospital accounts, so that everything may be understood after his death; calls in his medical students and beautifully exhorts them to faithfulness and diligence. All this is done in a clear, strong voice. When finished, he seemed to have fallen asleep, so quietly and composedly did he rest. But the doctors who stood by called it death. Anyhow, called by either name, it was "well with him."

Some months ago a young man, named Wang, entered Dr. McKrnzie's Hospital. In the account given by the Doctor himself, he says, that the fellow at first appeared to be indifferent to everything but his own troubles; gradually, however, he became more and more interested in Christianity. Although not able to read when he first entered the hospital, by perseverance he finally acquired sufficient knowledge of the characters to be able to understand the New Testament. Four hours before the young man died, Dr. McKenzie goes on to say, that he was sitting by the side of his brick k'ang, talking with him of the hope beyond the grave. The man was restful and happy. After a prayer the Doctor wished him "good-night," not expecting to see him again in this world. His last words to the Doctor were, "I shall be waiting for you in heaven; I am going on before." In the beautiful imagery of Bunyan's Pilgrim's Progress, we can faintly picture the scene as the spirit of the "beloved physician" passes over the river into the land which still seems to us mortals to be "very far off," to be ushered into the presence of the "King in His beauty." Among those to welcome and conduct through the golden gates is WANG, keeping his promise "to be waiting" for his faithful friend. We can also hear the words "Well done," coming from Him who Himself, when on earth, was known as the "Great Physician," and in whose footsteps Dr. McKenzie tried so faithfully to walk. Abundant success in this life and an abundant entrance into the next were his, because he gave God all the tithes which were His due, and devoted himself soul and body to His service.

# CORRESPONDENCE.

FROM CHINKIANG.

The pioneer of medical mission work in the now delightful port of Chinkiang was Dr. James Gentle, of the University of Edinburg, Scotland. At that date (1864) the foreign residents were living in junks on the river, and Dr. GENTLE had the first Dispensary on his floating palace, being compelled, for lack of room, to limit the number to fifty patients daily. He wrote, "the patients always take books willingly if they can read," and "I am longing for the use of my tongue." Accepting an appointment to fill the vacancy caused by the death of Dr. Henderson, in the hospital at Shanghai, the time in Chinkiang was insufficient to learn the language.

Another missionary, well known among foreign and native residents, carried on a most successful medical work in Chinkiang for a number of years, giving the people confidence in foreign methods, teaching them to obey the doctors' orders to some extent, and lessening needless demands upon the patients and forbearance of his successors.

In June 1884, medical work began under the charge of the Woman's Foreign Missionary Society of the Methodist Episcopal Church, and, though not compelled to see patients on a native boat, an empty rice godown was the most eligible place in which to open a dispensary. The building was damp and illy ventilated; the lack of intelligent assistance, and the large number of people, together with the newness of the work, made it an exciting, if not an exhiliarating summer.

Those engaged in the practice of medicine in China have many similar experiences. "The thing that has been, it is that which shall be . . . and there is no new thing under the sun" seems specially applicable to the characteristics of this Eastern nation. Twenty-four years ago Dr. GENTLE said. "I would not trust a Chinaman out of my sight after a severe operation; no one knows what he might apply in the interval, from a cabbage leaf, to a piece of gold leaf or a Chinese plaster." Evidently the Chinaman has acquired no new thing\_under the sun in his methods of reasoning, and he and the foreigner remain in a statue que state of mutual surprise. How much these chronic national differences add variety, amusement, and often a piquant flavor to hospital and dispensary work, those engaged in it can best judge.

The main features of the work in Chinkiang must have a counterpart at all other stations, and time will not permit a detailed review.

The patients are principally from the middle and lower classes, with a sprinkling of ladies from the higher. The wives of some of the civil officers have repeatedly called for treatment, but their ignorance and determination to follow their own sweet wills rather than sanitary rules, has made their visits extremely unsatisfactory.

Chinkiang and the surrounding country furnishes a variety of clinical material, and enough to satisfy the aspirations of the professional enthusiast. The evangelist, too, will find here a most promising field in connection with the dispensing of medicine, The women seem strangely impressed with the idea that the attention paid to their individual ailments depends in a great measure on their winning manners, hence they are courteous, friendly, willing to listen a half-hour to the doctrine, in polite deference to the wishes of one from whom they expect material benefit. In some cases this is not the only interest evinced. Last summer two sisters, one of them the widow of an official, became regular attendants at the dispensary; soon they brought an aunt, Mrs. Wu, an intelligent, educated lady, who had suffered from ill health for three years; her symptoms, only, could be palliated, but she came so long as her strength permitted and listened attentively to the comforting words of the Gospel, saving she believed. She returned to her old home in the country accompanied by her niece, who in a short time brought word that her aunt had died peacefully trusting in Christ.

Much greater good is anticipated for these women in the near future, as a lady is to be sent to take the charge of evangelical work.

# THERAPEUTIC NOTES.

# UTERINE MYOMA TREATED WITH

Dr. SCHMIDT, of Prague, has treated with remarkable success a case of long-standing myoma of the uterus, accompanied with copious hemorrhage, by means of tincture of hydrastis canadensis. Twenty-five drops were given four times a day for three or four months. During this period the hemorrhage stopped, the menstrual periods became normal, and the tumor decreased very markedly in size,—Lancet.

# PURE TEREBENE IN THE TREATMENT OF THE ADVANCED STAGE OF UTERINE CANCER

Attention has been called to the value of pure terebene in the treatment of advanced cases of cancer of the uterus. The vagina is first injected with a small quantity of a strong, disinfecting solution (permanganate of potash or chlorine water), and washed out with a copious supply of tepid water. Then plugs of cotton-wool, saturated with a mixture of equal parts of terebene and olive or almond oil, are placed in contact with the ulcerated surfaces, and maintained in apposition with a large plug of wool. This dressing only needs to be removed every second or third day. If care be taken not to make the plugs too voluminous, no inconvenience will be felt from their pressure. -The Medical Press, December 7, 1887.

#### A HANDY CURE FOR HICCOUGH.

There may be some occult connection between hiccough and the auditory apparatus. Not long ago we published an account of somebody's method of stopping hiccough by applying a drop of water to the external ear. Now Dr. Dresch, of Foix, in France, has written a letter to the editor of the Bulletin général de thérapeutique, in

which he describes another method, almost as simple, also relating to the ear. Dr. Dresch states that the procedure was not original with him, but that he cannot remember how it was made known to him. The method is as follows: The sufferer should close his external auditory canals with his fingers, exerting a certain degree of pressure; at the same time he is to drink a few sips of any liquid whatever, the glass or cup being held to his lips by another person. The effect is said to be immediate.

#### A MODE OF ADMINISTERING COD-LIVER OIL.

M. DUPRÉ (Clinique Progr. méd., December 17, 1887) recommends the following formula, the advantages of which are, he says, that the mixture may be prepared at home, that it is cheap, and that, while masking the disagreeable taste of the oil, it promotes its digestion:

Cod-liver oil	25	parts
Powdered white sugar	2	**
Powdered salt	1	part
Rum	6	parts
Shake briskly,		

#### CHOLERA AND MILK.

An instructive example of the facility with which milk may become the medium for the propagation of a zymotic disease, is afforded by a limited epidemic of cholera which occurraton board a sailing ship, the "Ardenclotha," lying in the port of Calcutta. Dr. W. J. SIMPSON, the health-officer of Calcutta, investigated the outbreak with great care, and offers strong evidence that the outbreak was not to be traced to any peculiar climatic condition, to the state of the ship, to the water, or to any circumstances connected with the visits of the men on shore. Pursuing the inquiry, it was ascertained that ten of the men had used milk supplied by a native who visited

the ship daily; of these ten men, nine were affected; four died of cholers, and five had severe diarrhea. With regard to one other man, who was the last to suffer from cholera, it was doubtful whether he drank any of this milk or not; as he sickened after the others he may have contracted the disease from an earlier case. Only one man who drank the milk escaped, and he only took a very small quantity. native who supplied the milk kept one cow, which was in good health, but he frankly admitted that the milk he supplied to the sailors contained about twenty-five per cent. of added water; and it also came out that several of his neighbors had suffered from cholera, A case had been imported on March 2nd; the dejecta from this patient drained into the tank on which the milkman's house stood. The first case among the milkman's neighbors occurred on March 7th; the first case of diarrhoea among the crew of the "Ardenclutha" on the same day, and the first case recognized as cholera two days later. This, taken along with the admission that water was added to the milk, and that, with one exception, the remainder of the crew, fourteen in number, who had not drunk the milk, did not suffer from cholera or diarrhœa, leaves very little doubt as to the origin of the epidemic. The milk was clearly the connecting link between the epidemic in the hamlet and on board the ship, and it was without much doubt rendered infective by the addition of the tank-water fouled by the dejecta of the imported case. The investigation also shows that cholera, while prevailing in a distant locality, may be established simultaneously at two widely different places, and yet be due to a common cause which is preventable. - British Medical Journal.

## STRYCHNIA AS A HEART STIMULANT.

In "St. Bartholomew's Hospital Reports," Dr. Habershon writes on the use of strychnia by hypodermic injections in cases of heart failure. In this paper, Dr. Habershon discusses the modus operandi and effects of various heart-tonics, such as digitalis, alcohol, ether, and ammonia, and concludes that none of them are so useful as strychnia in cases in which not only the heart-muscle. but also the nerves which promote and control its activity, are exhausted. order of excellence seems to be digitalis for a prolonged effect, and ammonia, or ether and alcohol, for a more rapid but less lasting one. It is somewhat surprising to find the statement that Dr. HABERSHON has never found ammonia "to act where brandy and ether have not succeeded." This sentence is not easy to analyze, but we incline to the opinion that if ammonia be used by intravenous injection, it will be found capable of arousing the vaso-motor and respiratory centres to a temporary activity when nothing else will. The principal value of Dr. HABER-SHON'S paper is in calling attention to the influence on the heart by hypodermic injections of from  $\frac{1}{60}$  to  $\frac{1}{30}$  of a grain of strychnia. He cites cases of disease of the mitral and aortic valve, and of pneumonia which had advanced to a state of cyanosis, with weak, and rapid pulse, and hurried or Cheyne-Stokes respiration, in which the use of strychnia seemed to cause the tide of life to turn back, and recovery ultimately took place. These cases may be regarded as establishing the opinion which he has formed of the great benefit to be derived from the hypodermic use of this drug in conditions of exhausted heart-muscle, accompanied by exhaustion of the nerves which supply the heart. Dr. HABERSHON suggests that the most convenient solution of strychnia for hypodermic use consists of one grain in fifty minims of water. We would suggest that it would probably be easier to regulate the dose if the solution were only about half as strong as this, consisting of one grain of strychnia to one hundred and twenty minims (two fluid drachms) of water. Two minims of such a solution would contain  $\frac{1}{60}$  of a grain of strychnia, and four minims 1 of a grain,-The Medical and Surgical Reporter, December 10, 1887.

78 Editorial.

# The China Medical Missionary Journal.

Vol. II. JUNE 1888. No. 2.

# OUR DEPARTED COLLEAGUE-DR. MACKENZIE.

The untimely death of Dr. McKenzie has given rise to feelings of sorrow and regret, not only in Missionary circles but in the hearts of all who desire the welfare of the Chinese.

The prominent position he occupied, and the ability and faithfulness with which he filled that position, will make his loss severely felt in his own field.

My acquaintance with him was limited to a casual meeting a few years ago, and I leave to others who knew him intimately to record his virtues, but I desire to lay a wreath on his tomb, as a mark of the high esteem I entertain for his character as a Christian physician and for the consecration of his profession to the highest good of this heathen people. My association with him for a brief period, as one of the editors of this Journal, has increased my regard for him as a fellow-laborer, and I will ever be thankful that such a man has left such a record in such a position, to go down to future generations as one of those who took part in laying the foundations of Christianity and of rational medicine in China.

Memory recalls the names of Young, LITTLE, HENDERSEN and THOMSON, Medical Missionaries who, while quite young or in their prime, were called away from their chosen work; and now another is added to the list.

J. G. K.

[From an article by Mrs. Bryson, in the Tientsin Times, of April 7th, we gather the following items regarding Dr. McKenzif's life. He was born August 26th, 1850, at Great Yarmouth. He took Medical courses of study both in London and Edinburgh. He was deeply impressed religiously during Mr. Moody's first visit to England. Towards the close of 1874 his attention was drawn towards Missionary work in China, and he finally offered himself to the London Missionary Society. He sailed for Hankow, April 10th, 1875, and arrived in June, commencing Medical practice immediately by the aid of an interpreter. March, 1879, by invitation, he took up work in Tientsin, where, after a career of singular usefulness, his lamented death took place on Easter Day, the 1st of April 1888.—L. H. G.]

#### SHALL WE HAVE A CHINESE MEDICAL JOURNAL P

It is evident without discussion that a Medical Journal in Chinese would be a boon to students of Western Medical Science and to those upon whom falls the burden of introducing the new system of practice among such a population as China possesses, and who must meet the difficulties which will arise on every hand.

The request has come to me to revive a Journal which was issued in Canton as an experiment some years ago, but pressure of other engagements is such as to forbid my undertaking it. At the present stage of Medical progress in China such a Journal should be in a more central point. Shanghai is this central place, and besides having all the facilities for printing, the return of Dr. Boone presents him as the Editor in whose hands such an enterprise would be a success.

It is important that a Medical Journal, which is to be the pioneer of its class in China, should be established on a distinctly religious basis. Western Medicine is being introduced into China as the handmaid of religion, and Christian men and women who are consecrating their time and professional talents to this Christlike and benevolent work are giving tone and character to the Medical profession in this vast Empire, which it possesses to but a limited extent in Christian countries. In maintaining this Christian character it is important that the first Medical Journal in the Chinese language should be conducted with special reference to this object, and the Medical Missionary Association of China would be acting wisely to take advantage of the opportunity now offered, and initiate a Christian Medical Journal for the students who are under training in so many hospitals, and where numbers will increase year by year.

This is a scheme in which united action is all-important, and the Association is inaugurated for that special purpose.

It should not be a question, will such a Journal pay? It can be managed so that the loss for a year or two would not be very great, and if all will unite their energies, it may be made self-supporting from the beginning.

The example set by Japan should inspire us with courage to go ahead. The Sei I Kwei (成醫會月報), Medical Journal, published in Tokyo, comes to us among our exchanges. It is a monthly, of 46 pages in Japanese and 20 pages in English. It has entered its seventh year, and this shows that it is established on a firm basis. The Number for January gives a list of seven other Medical periodicals published in Japan.

It is true that the Government of Japan has done for Medical education what has not yet been done in China, but here both officials and people are beginning to appreciate the superiority of Western healing, and nothing can stop the change of public opins which is going on around the numerous Christian hospitals and dispensaries already in operation.

Let us all, therefore, vote for the Chinese Medical Journal, and Dr. Boone as its Editor, and send in subscriptions as soon as a prospectus is issued.

J. G. K.

Canton, March, 1888.

## DR. BOONE'S CASE OF RUPTURE OF THE BLADDER.

In No. 1 of Vol. I. of the Journal, Dr. H. W. Boone recorded a most interesting case of supposed Rupture of the Bladder, which had been successfully treated by operation. At the time, we read the article with much interest, but felt considerable difficulty in understanding the condition of the parts and the symptoms, on the supposition of there being only a small, invisible rent of the bladder-wall. Perhaps the following remarks on the case by Mr. A. G. MILLAR, of Edinburgh, which appeared in the December Number of the Edinburgh Medical Journal, will interest many of the Associates. Mr. MILLAR, after noticing the China Medical Missionary Journal, and giving a résumé of the case, says, "We have recorded this case because we consider it interesting, instructive, and unusual. We take the liberty of differing from Dr. Boone in his diagnosis when he says, 'This was clearly a case of rupture of the bladder and effusion of urine.' He does not state clearly that he found an opening in the bladder; and the fact that an instrument could not be passed along the urethra, either from the meatus or from the bladder, along with the history of the fall on the perineum, points to a rupture of the urethra. The situation of the extravasated urine, however, shows that the rupture was on the proximal side of the triangular ligament. This is very unusual. Dr. Boone has added a valuable and instructive case to the literature of injuries of the urinary organs."

A. L.

# "NEW TREATMENT OF BOILS AND CARBUNCLES."

The above is the heading of an Editorial which appeared in the New York Medical Record for February 25th, and the article, together with the extract from M. Verneull's communication to the French Academy are worthy of notice in this country, where these affections are not only most common, but are allowed to take on so violent a form before the foreign doctor is consulted.

It seems M. Verneull has made extensive observations, and as a result thereof, concludes that Carbolated powders are to be preferred in almost all kinds of
boils or carbuncles, no matter of what origin, making exception in the severest
forms only, and then to use the knife unsparingly. The following are the facts
arrived at by him and quoted in the N. Y. Med. Record.

- "1.—The furuncle and carbuncle are only degrees of the same infectious disease, and should have the same therapeutic treatment.
- "2.—This consists of surgical interference and topical applications. The former often seems indispensable, or at least only suitable for the majority of

cases; the latter particularly efficacious in mild cases, but only playing a sub-ordinate part in the treatment.

- "3.—The opposite should be accepted to-day. Cutting should become less and less necessary, and should be reserved for the exceptional cases. On the contrary, topical applications (prominent among which stand the carbolated and borated solutions) employed in a certain way, and particularly in the form of powder used repeatedly and for a long time, are of remarkable efficacy, and at the same time are absolutely harmless and easy of application.
- "4.—These applications of powder quickly abort, with very few exceptions, boils and carbuncles. They arrest the progress of the disease in the gravest cases, ordinarily cause the pains to quickly cease, reduce the fever, disinfect the purulent and gangrenous centres, hasten resolution, and promote the formation of healthy granulations.
- "5.—This treatment is suitable for all regions, and for all forms and periods of the disease; it is never harmful, and leads to a cure in a large number of cases. It assists surgical interference when that is necessary.
  - "6.-Finally, it tends to prevent auto-inoculation and general infection."

The above-cited is a treatment that ought to take very well here in China, especially with the women, who are so afraid of the knife. I doubt whether the most of us would not prefer to resort to the mildest measures if they are just as effectual. Unfortunately, the cases that come to us here are usually ones that have gone the rounds of the best Chinese doctors, and being told that nothing could be done (for Chinese doctors are afraid to treat carbuncles) these patients consult the foreign physician. Two such cases presented themselves at the Margaret Williamson Hospital during the month of January of this year. Both were men, and were advised to go to a Hospital where men were treated; one was the father of a day-school pupil, and thought he might be seen for that reason; the other was "an old man from the Arsenal," who begged me "to have mercy upon him." Both patients came, of course, to the Dispensary.

Case I.—At. 47. Carbuncle on back of neck. Induration extended from ear to ear, while the inflammation almost met beneath his chin. The whole back of the neck seemed a mass of perforations. The man said, he "had not slept for ten nights." The knife was "used unsparingly"—there was nothing else to be done in this case—dead tissue corresponding to a surface that was 10 c. m. long, 8 c. m. wide, and 2 c. m. deep, was cut away with but very little pain, as there seemed to be so much burrowing on either side; two drainage-tubes were introduced and brought out not far from the lobes of the ears; iodoform was dusted in the cavity, cakum and carbolized oil dressing applied, and the man went home, after having taken a dose of Mag. Sulph. He returned daily, and after removing a few more portions of dead tissue, the recovery was uninterrupted, although slow, on account of the amount of tissue that had to be reproduced. The

man was very large, his neck exceptionally so. Had never been sick, hence repair went on very rapidly with the help of Quinine and an occasional dose of Mag. Sulph.

Case II.—Æt. 45. Carbuncle of the back, right side. Surface involved 20 c. m. long by 19 c. m. wide and fully 2 c. m. deep. Said to have begun two weeks before coming to the Dispensary; no doubt longer. Again the knife was used, but not as unsparingly as it would have been, had not the daughter-in-law declared, "he could not eat any more pain; it would not go down." For several days more dead tissue was removed, after which recovery went on with the same attention that was bestowed on Case I. This patient, however, was in poor general health and was given Ti. Gent. Com. for three weeks to stimulate his appetite. The main dressing in both cases was carbolized oil and oakum, with occasional dusting of Iodoform. With the formation of skin, however, nature was assisted or retarded as the necessities of the case demanded. Had I known of the virtues of carbolated powders when these cases presented themselves, I might have tried them; as it was, however, the results were all that could be desired. But it is my intention to use these powders and note the results.

It might be well to add that in both these cases the dressings were applied with all the pressure that the situation of the carbuncle would admit.

Both patients were very poor, both very grateful, both inserted articles in the Shên Pao in order to show their gratitude. Miss Safford very kindly translated these articles, and one will be given as an illustration of what the Chinese think of us and our treatment. Allowing a wide margin for the flattery, the following is the translation:—

# "A VERY DANGEROUS DISEASE HAS BEEN CURED."

"For some time I had a large abscess on my back, resembling a basin in size and form. Many physicians had tried their skill to heal me, but utterly in vain. Then I went to the West-gate, to the Woman's Hospital, and besought the American, Dr. Reifsnyder, to aid me.

"Although it is not her custom or wish to treat men, yet because the disease was very dangerous, she in great kindness consented to take the case. When she first used the knife, she cut away flesh and hardened matter resembling honeycomb, in pieces an inch long. There were about in such pieces. The removal of all the poisonous matter was like a recreation of life and health.

"It is difficult to extol sufficiently her method of treatment. I cannot recompense the doctor, still I fain would spread abroad the fame of her humanity and her miraculous skill. But she has performed many great works of healing, and it needs not that I extol her or multiply my words."

It is only due the patient that it be made known that he did "recompense" the doctor to the extent of five chickens and one hundred eggs.

#### HOSPITAL REPORTS.

REPORT OF MEDICAL MISSIONARY WORK IN MOUKDEN, MANCHURIA.

This report brings us from the far north an interesting account of the work of Dr. Dugald Christie. He says:—

"Since the last report was published, steady progress has been made in the various departments of the work. Some months ago we came into possession of a suitable site for the new hospital. The site is all that could be desired. The front building, or out-door department, is, externally, much after the native temple style of architecture, with foreign windows and doors. The hospital proper, which is situated behind, and quite distinct from, the front building, consists of two large compounds after the ordinary native style. In the outer, in addition to kitchen and other accessories, are the women's hospital and a large ward set apart for the treatment of opium-smokers. In the inner are medical, surgical, and private wards with offices attached. Ventilation is effected by windows placed opposite, and capped with transoms which reach nearly to the ceiling. The larger wards are provided with extra inlet and outlet openings; while cleanliness is ensured by a hard flooring of Portland cement, which does not absorb moisture. Accommodation is provided for fifty patients, with room for expansion as the work develops.

"The opening of this commodious and well-equipped hospital marks a new era in the history of the Moukden Medical Mission. Since its commencement, four-and-a-half years ago, though carried on under a good deal of inconvenience, a fair amount of work has been accomplished. During that period 17,889 individual cases have been treated, 40,859 visits were made, while 54 of the patients have been received into the Church by baptism.

"A large proportion of the diseases which come under treatment are of a chronic nature, and this forms one of the greatest difficulties the Medical Missionary has to contend with.

"Another difficulty arises from the relationship between doctor and patient, which shows the backward condition of medical practice by the natives. The term 'family-doctor' is unknown in this region, and however famous the physician, if the first dose of the medicine administered does not give relief, his prescription is set aside as unsuitable, or disapproved of by the gods, and another called in whose chances of success are as slender as his predecessors. Of this I had an example recently in the case of a mandarin of important office, and possessed of the highest literary degree. His child, whom I had previously cured of an acute abscess which threatened its life, took seriously ill. I was at once sent for, but the medicine not having the immediate desired effect, a native was called in. The

foreign and native drugs were placed before the family deity, who was called on to direct as to which should be given.

"The subject of training natives is at present occupying the attention of Medical Missionaries in China, and it is one which deserves most careful and prayerful consideration. For my part, considering the miserable condition of Medical practice among the natives, and the maining for life which often follows treatment, lays a duty on the Church, outside of all other considerations, to come forward to the help of the suffering. Such men, if thoroughly educated and guided by Christian principles, would undoubtedly, while earning their own bread, not only alleviate much suffering, but exercise a powerful influence for good among the people.

"At present we have three under training as assistants. They have prosecuted their studies with diligence, and consequently with gratifying success, and promise to turn out useful helpers."

We give only the table for 1887, which shows a gratifying increase over the Dispensary attendance of the two years previous.

N	en Cas	68.		Jan.	Feb.	MAR.	APR.	May.	Jun.	JUL.	Aτα.	SEP.	Oct.	Nov.	DEC.	Total
Males	•••			117	266	310	374	382	373	388	379	338	174	174	169	3444
Females				20	80	133	120	154	76	199	107	95	56	33	51	1124
0	ld Cas	es.										İ				
Males				199	442	843	434	488	598	468	547	603	545	314	479	5460
Females			•••	67	237	193	214	288	196	188	193	231	160	89	161	2217
Т	otal	•••		403	1025	979	1142	1312	1243	1243	1226	1267	935	610	860	1224
		-		!	<u>.                                    </u>	P	ı atien	ts see	n in	Cour	itry		. •		•••	338
						V	isits	to pa	tient	s in t	heir	home	8			26

In his Medical and Surgical Notes, Dr. Christie gives a number of interesting cases a few of which we quote.

# " Stricture of Esophagus

"Several cases of this affection have come under observation, caused in almost every instance by the immoderate use of native spirits, its irritating properties setting up inflammatory and other changes in the mucous surfaces. A large quantity of alcohol is consumed in the province, and several confirmed drunkards have come to us for help in endeavouring to give up the habit. The evil effects of drinking, however, are not so manifest as in the West, as the stimulant is seldom indulged in on an empty stomach, but sipped out of tiny little cups during the meal. The quality is bad, containing a large amount of fousel

oil and other impurities. I have also detected a quantity of lead, which accounts for the numbers who suffer from lead-poisoning. Leaden worms are used in the stills employed in its manufacture, and household utensils are largely made of this metal, by which drinking-water gets contaminated. The natives seem as ignorant of its presence as they do of the deleterious action of the poison on the system; while the symptoms—cahexia, colic, wrist-drop, and other phenomena—are usually traced to a fit of anger. I often notice the blue line on the gums fully developed without the presence of any other symptom.

"Three cases of goitre have been treated, all females. Although not common in this neighbourhood, I am informed that the disease is endemic in the hilly district to the far east. While journeying in that direction some time ago I observed a number of cases; and the natives traced the cause of the disease to the hardness of the drinking-water, which goes to support the theory that it is due to the presence of an excess of lime and magnesia. Cretinism seems unknown in the province.

### "Localized Facial Sweating.

"Two instances of this rare affection came under notice in otherwise strong, healthy men. The perspiration, which in both was confined to the temporal region, was so profuse that large drops ran down the cheek. In neither was there any impairment of sensibility. In one case the cause was attributed to an attack of fever from which the patient suffered some time ago. At that time severe hæmorrhage took place from the nostril of the side affected, and a thin, watery discharge has continued ever since. There is a complete cessation of sweating during sleep, and is most profuse when taking food, or smoking tobacco. Quinine was given, with an astringent lotion for external application. He is now recovering.

"A peculiar case of Spasm of the Tongue occurred recently among the outpatients. Patient stated that nine months previously, after a drink of cold water while heated, he became stupid and delirious. This was followed by a feeling of fear and sleeplessness. Now other symptoms have passed off, but the tongue is in a state of constant spasmodic motion, which makes it almost impossible for the patient either to speak or eat. When the mouth is closed a peculiar sound is produced, and when he opens it the tongue moves backwards and forwards with extraordinary rapidity, over which the patient has no control. Otherwise he enjoys good health.

## " Cyst of Antrum.

"Four cases were treated. In none could the patient attribute any cause; and the history in each was one of gradual, painless enlargement, with a sense of increasing weight, and tension at the part affected. The disease in all had

existed for several years, and the body of the bone was much dilated, with corresponding disfigurement of the features. Sometimes simple removal of the fluid, which was thick, dark, yellowish-coloured serum, brought about a cure; but in one case suppuration set in, with a good deal of constitutional disturbance, and it was found necessary to remove a tooth, and make a larger opening into the cavity. Injections of a solution of sulphate of zinc and Condy's Fluid were found serviceable.

# "Amputation of Penis.

"The following case is of interest as illustrating the value of Cocaine as a local anæsthetic. The patient, a merchant in this city, suffered from Epithelioma of the penis. For two years he had been going the round of the native practitioners, and came to us as a last resource, weak, emaciated, and the nervous system, from prolonged pain and sleeplessness, in a state of extreme irritability. As the only hope of saving life lay in amputation, he readily submitted to the operation. Chloroform was carefully administered, but after a few inhalations, proving a bad subject for a general anæsthetic, it was decided to try Cocaine. Twenty minims of a five-per cent. solution of the Hydrochlorate were injected in five-minim doses, at short intervals, round the seat of incision; and a quarter of an hour after the first injection the operation was performed without the patient experiencing the slightest pain. Another point of interest is that, except from the larger blood-vessels, there was hardly any hæmorrhage, doubtless due to the constricting effect of the drug on the capillaries. No bad effects followed. The anæsthesia produced lasted over a day; indeed, the patient complained of no pain after the operation. He recovered without a bad symptom, and now enjoys excellent health.

"From a spiritual point of view we have much satisfaction in dealing with the in-door patients. In addition to the services held in the Hospital, work of a conversational kind at the bedside is regularly carried on, which is the most fruitful of all our efforts. In this way the truth is brought near and with more force, interest is awakened, conviction deepened, faith strengthened, and the peculiar difficulties of each case are dealt with in a way which cannot be done in a large audience. During the period under review Yorty have been baptized as the direct fruit of the work. Many of these are scattered over the province, and carry the knowledge they possess to distant parts. In a village 360 li from Monkden there now exists a church of about twenty members, the result of the testimony and efforts of one of the patients. But the results of Medical Missionary work cannot be limited to the number of conversions. The practical exhibition of that spirit of benevolence it inspires speaks more powerfully than words of the enlightening influence of Christianity."

#### REPORT OF THE SOCCHOW HOSPITAL.

This report closes the fifth year of medical work in Soochow. "38,000 different individuals have been seen and prescribed for, and I feel quite safe in saying that there are very few in that number who do not feel more friendly towards foreigners than they did before coming to the hospital. The natives who preach in and around Soochow frequently speak of meeting people who are kindly disposed towards them as Christians, because they have been well treated in the Soochow Hospital. Outside the city gate, near which stands our hospital, there is a military camp. Great numbers of the soldiers have been here for treatment, and the older missionary residents report them as being much less insolent to foreigners now than they formerly were.

"In regard to In-patients, most of the Chinese who patronize us seem perfectly satisfied with the dispensary practice. We give them medicine enough to last from four to eight days, and it is difficult to convince them that their cure could be hastened by remaining in the hospital rather than in their own houses. Furthermore, I see such sure evidence every day that patients improve under dispensary treatment that I am not so anxious about their not entering the hospital as I might be otherwise. One proof is the great numbers that return for further treatment. A Chinaman is not apt to apply for more medicine unless the first he gets does him good. He is trained to expect immediate improvement from taking medicine. When a Chinese doctor writes a prescription, it is for one dose only, and if that does no good his services are no longer required."

Some items of surgical and medical work will be of interest.

"Itch (scabies) holds the third place and does it quite bravely, coming forward with no less than 1,690 cases. It flourishes extensively among the weavers of Soochow. "So common is it among this class that Mr. Marshall, who has charge of the clinical desk devoted to external diseases, claims that he rarely has to ask the occupation of a person when he has the itch,—he sets him down at once as a weaver. Why it prevails so extensively among this class I do not fully know. An authority on the subject of its transmission says: 'The fear of acquiring the itch from simple contact with persons affected with it, is entirely groundless; nor is it likely to remain in the clothing. In almost every case of the itch, a history of having contracted it from a bed-fellow is to be obtained.'

"A child was brought suffering with pityriasis rubrum. The whole skin was red and peeling, from the soles of its feet to the crown of its head. Not one hair did it possess, not even an eye-lash.

"April 7th.—Woman came to look for the soul of her boy. He was very sick, and she said his soul had been lost in the Hospital. This idea came from her superstition of foreigners and their instruments, for the boy's eyes had been once examined in the hospital with a glass.

"February 15th.—A man, aged 75 years, with cataract in both eyes, and totally blind, came for consultation. He refused to run the risk of an operation, on the ground that he was rich and did not have to work, therefore had no need for his eyesight.

"No. 2.—Phimosis and Preputial Calculi.—The phimosis, which was almost complete, was congenital. The stones had been in process of formation, the patient thought, about three years. The operation under Cocaine presented no difficulties, and the patient recovered without any bad symptom. The stones, three in number, were fitted in like chestnuts in a burr. The one in the centre was flat and had two facets. The outside ones had one facet each. They weighed 1.5 gm. We have added them to our collection of curiosities in the Museum. Urinary calculi are rare in this part of the country. I have seen only one case of stone in the bladder since coming to China.

"No. 19.—Acute Synovitis of Knee-joint.—Buddhist Priest and Surgeon, aged 43. The disease was well marked, and the synovial sac thoroughly distended. This man had, so he said, treated several patients with this disease that other Chinese doctors had failed to cure, so when he was seized with the disease himself, he would trust none of them, but came to the foreign doctor. His method of treatment was to open with the knife. We used Tiemann's aspirator, and when he saw the fluid quietly transferred from his knee to the bottle, he became possessed at once with the desire to own such an instrument. After he recovered I took some pains to show him our instruments and how to use them. He became much interested and gave me three dollars to buy some small instruments for him while I was in Japan, but since my return I have heard nothing from him."

The Hospital Chaplain, Rev. C. K. MARSHALL (DZAU TSZ ZEE) subjoins a report of his religious work. Of the in-patients, he says: "They have paid more attention to hearing the truth and the way of salvation. They often attend our morning prayer, and go to morning and evening service on Sundays. Chapel-preaching to the dispensary patients is also very satisfactory; not only they say the doctrine is good, but they often tell others about it."

"Six students attended this year. The examinations were on Anatomy, Physiology, Materia Medica and Therapeutics, Ophthalmology and Dermatology. One student failed to pass."

One of the students made out the following amusing report of a case of poisoning:—"Upon February 26th, 1887, I went out to see a patient who was took opium poison three days. The day after he took opium, one of his friend got some zinc sulph. from somebody, about 20 grams dissolved in two bowls of water, let him to drinked, which makes him vomiting little but they do not give him more water, so he don't vomit any more. Next day patient also feeling sickness and sharp pain in abdomen, so they think it is cause the opium have not come out yet, so they try to give the oil of candle for emetic. He ate great deal

but don't do any vomiting, so his friend went to get some sulphate zinc and give to drink again. Second time about 15 gms. in amount, and patient don't vomiting at all, just feeling much pain in abdomen, and then beginning of muscular contraction. When I went to saw him patient was dying now, pulse I could not feel. Cold sweats over his whole body, can't talk very clear. Eyes turned upward. Pupil about normal. It is very sure he has had take sulphate zinc poison."

REPORT OF THE MACKAY MISSION HOSPITAL, IN TAMSUI, FORMOSA.

Dr. Alex. Rennie submits an interesting report of work in his Hospital during the year 1887.

"Amongst the new patients are included 280 women. Many of these are Hakkas from the districts to the south, and Pepohoans from the East Coast, not a few of whom underwent operations. They make very good patients, and are little deterred by that false modesty which Chinese townswomen (as compared with the peasantry), like, in the presence of a foreigner, to assume over the most trivial ailments. Referring to the number of new patients for last year it will the seen that in the year ended there is a decrease. A glance at the occupations of the patients shews that the falling-off is amongst the soldiers; there is really a substantial increase of patients from the stationary population. During the greater part of the year, only a small body of soldiers occupied the forts here, most of them being stationed at Kelung, and so beyond the reach of hospital relief.

"The doors of a hospital are always open to the sick poor, or to such as are desirous of foreign medical advice, but are unable to pay a private consultation fee. Payment from others ought always to be insisted on, and a practical people like the Chinese appreciate this. Medical advice and medicines are marketable commodities, and, like other gifts, if too freely bestowed are lightly esteemed. What is worth having is worth paying for; for it is part of our nature, impressed doubtless by experience of the commercial world, to regard cheap and nasty as synonymous terms."

A varied list of diseases follows, to the number as stated above of 3,120. Among these were 291 surgical operations, including the extraction of teeth. A half-dozen wood-cuts enliven the pages, and one feels like congratulating Dr. Rennie as one looks on this picture and then on that of some deforming disease and its cure.

The Rev. Dr. Mackay, in closing his own report, records "the activity, kindheartedness, devotion, ability and success of Doctor Alexander Rennie in 'Mackay Hospital." Of his own work, he says that 18,235 teeth have been extracted by him during sixteen years past.

He gives an interesting account of local superstitions about the teeth, of which a few are extracted.

## " Superstitious Notions.

- "Should a child be born with teeth, it is considered a bad omen, and means that when grown up he will not support his parents, and they therefore remove and bury them in the earth, or else remove and make the child swallow them. In either case the whole affair must be kept secret, and when occasion arises, sell him to other parties.
- "If a male or female child have one front tooth developed instead of two at once, the aunt must make shoes to wear and cook rice to eat, then visit the infant, and all will end well.
- "Should the child get two front teeth above and only one below at the same time, the family would be liable to heavy losses continually, so they are pulled out and thrown away.
- "A male child, when about eight months old, should have teeth; then, when eight years of age, should change teeth: if longer than that time, he will be all the longer without a wife.
- "If the permanent teeth are appearing irregular, a female doctor cuts paper like artificial teeth and puts inside the lips around the teeth and gums for a few seconds, after which it is removed and fine teeth will result therefrom.
- "The savages in North Formosa have the custom of knocking out the Canine teeth when twelve years of age, to show they have arrived at manhood, and to make them more attractive in appearance.
- "When a tooth aches, the person runs to a stream of water and keeps his face in it for some time, also keeps away from his own home several days in succession.

# " Causes of Pain in Teeth.

- "A small worm, with pointed black head and brown body, is supposed to be inside the aching tooth, boring away by fits and starts.
- "Feverishness, want of sleep, and being bowed down with excessive grief, will cause throbbing pain in the teeth.
- "Being possessed with a devil will make teeth ache without any semblance of decay.

#### "Cures resorted to.

"First.—Make a ball of cotton-wool, about the size of a pea, then steep in oil made from Camellia seeds. Make warm and put into the cavity of the tooth, to kill the worm. This must be kept up for several days, or nothing save failure can be expected.

- "Second.—White Pepper mixed with clay is put into the tooth to choke the worm.
- "Third.—A medicinal powder is rubbed on the cheek to drive the worm out of the tooth into the mouth.
- "Fourth.—Others rub a medicinal powder on the under eye-lid, to entice the worm out through the eye.
  - "Native Methods of Extracting Teeth.
  - "First.-With a strong hemp string
- "Second.—With the blade of a pair of scissors they endeavor to pry the disagreeable tooth out.
- "Third .- The travelling doctor uses one forceps for all the teeth, and it is nothing more nor less than pincers or small tongs.
- "It is very common here to find roots of temporary teeth actually wearing holes through the upper lip. For few things are parents more thankful than their removal. My custom is to cut the gum on the outside, and with a beaked forceps pull it outwards, not downwards."

CHINA INLAND MISSION HOSPITAL AND DISPENSARY, CHEFOO.

Dr. Douthwaite's report of hospital work for the year ending February 29th, 1888, is before us. We cull the following extracts.

- "Our work in the out-patient department has increased considerably this year, the total number of visits recorded being over 9,000. To give a list of the diseases under treatment would involve the compilation of a 'Dictionary of Medical Terms,' for there are few of 'the ills that flesh is heir to' that we have not been called upon to treat. During the early part of the spring, akin-diseases prevail; remittent fever is very common; and then as the time approaches for gathering peaches, we always lay in a stock of remedies for diarnheae, colic, etc. Cholera usually pays us a short visit every autumn, and carries off many victims. It appears to commence every summer down about Kwang-tung or Fuh-kien, spreads rapidly up the coast, but seldom goes far inland. During my six years' residence in the centre and west of the Chêkiang province, I never saw a case of cholera, although I heard every year accounts of its ravages in the ports.
- "The enormous quantities of unripe fruit consumed by the Chinese, coupled with their filthy habits, render them liable to many diseases which care and cleanliness would prevent, but it is difficult to convince them that their ways need reforming. One of the most common scenes in our dispensary waiting-room is a number of infants in their mothers' arms, suffering from dysentery or diarrhoea, being fed with raw cucumbers, or trying their newly-acquired teeth on green peaches. To tell a mother that such things are unsuitable food for her baby, will only provoke a smile of incredulity.

"As the winter draws near, we have another class of patients—old men and women, seeking relief from Asthma, Bronchitis, Emphysema, etc., etc.,—and these are the most distressing cases we have to treat, as we can seldom give more than temporary relief, and often none whatever. Good food, warm clothing, and shelter from the keen north winds is the only treatment likely to benefit the poor creatures, and these few of them can obtain.

#### " In-Patients.

"As a rule, we expect the hospital patients to pay 70 cash  $(3\frac{1}{2}d.)$  a day for their food, but small as this amount is, many of those who apply for admission cannot afford to pay it, so we are compelled to turn them away unless the case is serious.

"Surgery.—There are few men who could contemplate with complacency a surgical operation on their own persons, but I think the Chinese submit more readily to minor operations than Europeans do, and are either less sensitive to pain, or have greater powers of endurance than the more highly civilized races of the West. They have, however, a very decided objection to amputations, and often when cases are brought in which could only be successfully treated by the removal of a limb, the patient and his friends will declare that they would prefer death to such an operation.

"In most operations on the eye we use Cocaine, a 2-p.c. solution being found strong enough for cases of Cataract or Pterygium, and 10 p.c. for subcutaneous injections.

"1887 was an unusually fatal year to the foreign residents in China, and three of our little band of missionaries here were removed from our midst, under very trying circumstances.

# " Spiritual Aspects of the Work.

"On this subject very little can be said, from the fact that most of our patients come from distant cities or remote villages, and are seldom heard of after leaving us. It cannot, however, be in vain that day by day the Gospel is preached to those who apply to us for relief, and whose minds are rendered somewhat receptive by the kindness shown to them while here.

"A few weeks ago, I heard a venerable missionary remark that, for fifteen years he preached every day on the streets of Chefoo, but saw no results until he commenced work in the interior of the province, and then he found many who had heard the Gospel here, and had been deeply impressed by the truth of the Divine message.

"He asserted that he had 'Met at least four hundred Christians in the interior, who first became interested in the Gospel while staying in Chefoo.' This encouraging statement cheered me very much, for although I had never doubted the ultimate success of our efforts, I was naturally anxious to see some result.

- "A few weeks ago, while I was preaching in the chapel adjoining the hospital, one of the in-patients (the young Hu-nan soldier whose case is given below) came up to the platform, and prostrated himself on the floor, crying piteously. For some time my efforts to comfort him were futile, and he cried out in anguish, 'My sins are too many; God can't forgive me.'
- "About a dozen Christians were present, so we all knelt down and prayed for the poor penitent, who soon joined us in praise to God for his deliverance.
- "Three native students are being educated under our care and instructed as thoroughly as possible in all that is necessary to fit them for medical work among their own people. Our rules with regard to students are sufficiently stringent to prevent our receiving many applications, but we consider the standard of education low enough. We require each student to pass an examination in his own language; to bind himself to study with us at least three years; to give evidence of conversion, and of suitability for employment in mission work; to agree to work as a 'medical missionary' after completing his course of study, and to work under the general superintendence of a foreign missionary for the first few years."

From a number of cases we select a few, as follows:-

"The Chinese seem remarkably liable to tumours of all kinds, and some very curious cases are presented sometimes at the dispensary, but comparatively few patients will consent to their removal. In May a woman was brought from a distant village for the removal of a tumour which had grown from the tip of her nose. It was a fibroid, about the size of a hen's egg, and attached to the nose by a narrow peduncle. I ligated the peduncle, and before the patient knew what I was about, the tumour was gone, to the amazement of the bystanders, who seemed to think there was something uncanny about us. I fear that our success in surgery is often attributed to our being in league with demons.

"In July a farmer came from the city of Chi-hia, with a huge tumour hanging from his left arm. It had been growing for thirty years, and now had attained such a size as to render his arm useless. We administered ether and removed the growth, which weighed just 3 lbs. When the man recovered from the anæsthesia, he held out his arm to look for the tumour, and on finding only a bandage where the impediment had been, he ejaculated a number of "Hai-ya's," and then roared with laughter.

"A curious case of Chorea came under our notice a few months ago. The patient was a farmer, about 30 years old, and had enjoyed fairly good health until the beginning of 1887, when, without any apparent cause, he suddenly lost control of his tongue and jaw. When he came to us he was in a miserable plight, for he had to keep his mouth continually propped open by a piece of stone, lest he should bite his tongue off. We removed several teeth in order to save his tongue, and tried the effect of electricity for a week or two, but, although he was decidedly better, he grew impatient, and ceased to attend the dispensary."

REPORT OF THE MISSION HOSPITAL AND DISPENSARY, TAIWANFOO, FORMOSA.

We quote the words of Dr. Lang, Acting Physician, as regards his work.

"In submitting the Report of the Taiwanfoo Mission Hospital for 1887, very little can be noted as regards changes in method.

"The work was carried on, however, with additional vigour, and we believe too with increased good effect, by the addition to our staff of a capable and earnest Scripture Reader. His duties, as sketched in last year's Report—'to converse with the in-patients and teach them to read the Scriptures; to sell religious literature to those who come on out-patient days, and converse with patients waiting for consultation; and to keep a record of the names and addresses of those who give signs of an interest in the truth, so that they may be visited at their homes by one of the Missionaries'—have all been carried out with the utmost care and faithfulness. Many of the patients have been followed to their homes, both in the city and in the surrounding district.

"During nine months, from January to September, there were treated :-

In-patients		•••		•••	•••	 204
Out-patients	•••	•••	•••	•••	•••	 1,375
Subsequent vi	sits	•••		•••		 2.752

"In-patients were allowed to return to the custom of bringing their own food and cooking for themselves. This method, or rather want of method, in arranging food supply, brought with it its constant attendant—perpetually untidy wards. Arrangement of food supply is one of the difficulties of hospital management in China. Additional trouble, and expense even, is more than compensated for by the responsible physician arranging supplies at a fixed charge, and not allowing the patient to bring supplies, or cook for himself.

"Medical and Surgical.—The patients presenting themselves for treatment were for the most part suffering from those diseases which prevail in South China. Malarial fevers and their sequelæ, dyspepsia, chronic brouchitis, chronic rheumatism, eye and skin diseases head the list, while nervous diseases and diseases of the circulatory system are comparatively rare. In the treatment of the tubercular form of leprosy the use of iodoform administered internally was continued, with markedly good results as reported last year. No cases of special medical or surgical interest were encountered, with the exception perhaps of one in which trephining of the skull was performed in a case of suspected cerebral abscess. After removal of a disc of bone, the brain substance was explored by means of a hypodermic needle, but with a negative result.

"A soldier presented himself for treatment. On admission he presented a striking appearance, having lost the greater part of his ears, and walking with a limp, indicative of acute suffering whenever he attempted to move his limbs. Examination elicited the fact that our unfortunate's commanding officer, to cure his

offending private of thieving propensities, had ordered that his ears be cut off, and that in addition he should receive several strokes on the thighs with a bamboo. The bamboo blows had caused sloughing of a large portion of skin, resulting in an extensive ulcer. The patient was admitted for treatment, but in a few days was dismissed, on account of a fresh outburst of his tendencies to appropriate things other than his own.

"An old man, sixty-two years of age, was admitted for treatment of a compound dislocation of left ankle-joint. On admission the following notes were taken. More than a month ago the patient fell from the roof of a house, by which he had evidently sustained a compound dislocation of the ankle. A native practitioner was called in, who used violence with the view of replacing the displaced bone, after which some nostrum was plastered over the parts, with the result of causing sloughing of the tissues of top of foot and heel. The appearances of the parts on admission are as follows:—The leg from the knee downwards is swollen and cedematous. The lower end of the fibula projects but is covered by healthy granulations. The skin and sub-cutaneous tissue of left side of the foot has sloughed off. On the right side, above the internal maleolus, there is an opening but no pus escapes from it. The os calcis is striped, and is necrosed. The leg is in a filthy condition from the application of native remedies."

Amputation was suggested, but the friends refusing permission the man went home, only to return again when too late, and to die.

#### ANNUAL REPORT OF THE CHINANGOO DISPENSARY.

Dr. Robert Coltman, jr., sends in, under the above heading, his Report for the Year 1887. He writes as follows:—

- "The attendance during this year is about the same as last, and had it not been for the troubles we have had, caused by our efforts to secure ground for dwellings and a hospital, we would probably have had a larger attendance.
  - "There were 6,189 visits paid to the dispensary during 1887.
- "The attendance has steadily increased in respectability, and an estimate can be formed of the regard in which we are held when considering the fact that we have no separate waiting-room for women, yet had such a large percentage of female patients. Early in the spring of 1887 we succeeded, after a dispute with the officials, in holding possession of a small place leased by us for a term of three years as a school-house. We followed up this slight advantage in August by leasing, on the 'everlasting' plan, a small premises in the S.E. suburb, as an opening wedge for a hospital, there being vacant ground adjoining, but this time we were unsuccessful. After many delays, the money having been all paid and the deeds in our possession for over three months, Mr. Reid, on November 28th,

according to agreement with the landlord's brother, went out to take possession, but was beaten, ejected, and thrown into the street. The landlord and middle men were thrown into jail and are still there. After using every effort to get justice for this outrage here, and being told by the Taotai that the Literati had instigated the riot and that he was powerless to act against them, we have appealed to U.S. Minister Deney, in whose hands the matter now rests.

"I have had to refuse many interesting surgical cases during the year, having no accommodation for them. I have operated on some, however, who have lived in easy visiting distance from the dispensary, and such have invariably done well.

"I have operated on four adults for hare-lip, and greatly rejoiced the patients by their improved appearance. One case, a woman who said her husband was kept in ignorance of her disfigurement until after her marriage, was so illtreated by him that life was a misery to her, but meeting a patient who had been operated on, she hastened to our dispensary, and upon her dismissal, cured, told us she had been made happy, as her husband was delighted with her 'new mouth.'

"Enlarged Spleen.—This is the most unsatisfactory affection to treat that I have any knowledge of. Some of the patients have enormously enlarged spleens, pearly conjunctiva, pale, flabby tongue, gradual loss of flesh, and ultimate death. I have tried inunctions of hydrarg. oxid. rub. with internal administration of Tinct. Ferri chor, or Tiq. Arsenici Chlor. or Quinia Sulph. or Ferri Idodi. and found them all equally useless. Will some of my brethren here in China kindly tell me if they have found a successful treatment?"

### THE MARGARET WILLIAMSON HOSPITAL, SHANGHAI.

The Report before us covers two years ending December 31st, 1887. The Hospital is for women and children, and is under the auspices of the Woman's Union Missionary Society of New York. Dr. ELIZABETH REIFSNYDER commenced Dispensary work in the summer of 1884. In the summer of 1885 the present substantial brick building of two stories was completed, accommodating 20 patients. The Hospital is under the management of Dr. Reifsnyder, assisted by Miss McKeonne, who has charge of the drug-room. Dr. Mary Gale arrived in November, 1887, and will in due time, after preparatory studies of the language, take up work, as will also Miss E. C. Andrews, who arrived in April, 1887.

The following "Statement of Cases for the Years 1886 and 1887," shows the large amount of work accomplished during the ten months of each year that the Hospital was opened.

Patients received in the Hospital during the year 1886	 110
Patients received in the Hospital during the year 1887	 120
Patients treated at the Dispensary during the year 1886	 16,138
New cases ,, ,, ,, ,, ,,	9,361
Prescriptions filled during the year 1886	 26,973
Patients treated at the Dispensary during the year 1887	 18,062
New cases ,, ,, ,, ,, ,,	11,448
Prescriptions filled during the year 1887	 26,860

During 1886, of the 9,000 new cases, 1,130 were Fever and Ague, mainly of the *Tertian* type. During the same year there were 525 Disorders of Digestion, 1,153 Diseases of Eye, 422 Gynecological cases. Almost one-fourth of the cases were surgical, and there were 1,119 of Diseases of the Skin.

All in-patients are expected to pay for their rice eight cash (about eight cents) a day, though there are always a number of charity patients; those wishing special privacy can secure it by paying \$1.00 a day, which covers the expenses of a servant. "A bath and clean clothes work wonders; so marked was the transformation in one case, that a man did not recognize his wife, though she persisted in telling him she was that person." In the Dispensary every patient, whether new or old, pays, if able to do so, 28 cash (about 2\frac{1}{2} Mexican cents), and wealthy patients are expected to pay the price of the medicine. The good results of these conditions are that the receipts in copper cash from patients for entrance fees, during the two years, was \$952.55.

Dr. REIFSNYDER reports more favorably than some regarding the faithfulness of out-patients in seeking and taking medicines.

"The Hospital is, as already stated, in the country. The majority of patients come long distances. One dose of medicine would avail but little. Experience teaches that Chinese dispensary patients are as apt to take their medicine as foreign ones are. Hence enough medicine is given to last five or seven days. The great cry to Miss McKechnie is, 'Give me more; I live so far away, and it is very difficult for me to get here.' Women walk from five to ten miles; their small feet bring them along very slowly. One poor old woman, arriving at the Dispensary about 2 p.m. one very busy day, and fearing she might not be admitted, said, 'I started from home before daybreak, and I cannot go away without being seen.' Of course she was seen.'

# ITEMS AND NOTES.

The death of Dr. MACKENZIE, just as the last Number of the China Medical Missionary Journal was issued, was a very severe blow to the interests of our Quarterly, from which we shall long suffer. The remaining Editors have thought it well in this emergency to invite others to take part with them in editorial work until the next election of officers shall take place. Dr. A. LYALL, of Swatow, has kindly consented to allow his name thus to appear, and we hope, in the next Number, to be able to give the names of others. But we trust that the many medical missionary practitioners who have not yet written for the Medical Journal will feel a sufficient interest in our common enterprise to send in articles and communications.

We would draw attention to the fact that this Number of the Medical Missionary Journal contains sixty pages, which is twenty more than the number for March contained. The thanks of the Editors is hereby rendered to all who have so kindly assisted.

The Presbyterian Church of England have appointed Dr. GAVIN RUSSEL a medical missionary to Formosa. He is expected to arrive in China in the autumn and will begin work as a "medical evangelist" in the new Provincial city of Formosa.

We have received a copy of a paper on "Medical Matters in China," by H. W. BOONE, M.D., which was read by invitation, October 5th, 1887, at a meeting of the College of Physicians of Philadelphia. Our Delegate to the International Congress evidently improved every opportunity of presenting

to the profession the claims of medical work on men of science, and this paper must have given those who heard it a favorable view of what has thus far been done, as well as a stimulating view of what remains to be done in China.

The Rev. J. CROSSETT desires, "That all those physicians in China who make reports for the press in pamphlet or newspaper should give as full statistics of the deaf and the diseases of the ear as possible. Please make this year a special point of reporting interesting cases of this nature and all the incidental facts connected with the causes, cures, and malpractices of deaf patients in China."

We welcome to the number of our Medical Force in China, Dr. Marie Hasler, who is to take charge of the Elizabeth Bunn Memorial Hospital, Wuchang, in connection with the American Episcopal Mission; and Dr. W. W. STRTUSSHALL, for the Methodist New Connexion Mission, North China; also Dr. J. Otte and wife, for the American Reformed Mission, Amoy.

#### MEDICAL WORR AT PETCHABURI, SIAM.

The medical work under Dr. J. B. THOMP-SON has gone on most satisfactorily, especially when it is remembered that this has been Dr. THOMPSON'S first year on the field. Yet, aided by Mr. DUNLAF and by the native assistants trained in part under Dr. STURGE, he has kept up the reputation and the goodwill which was won for this hospital and for the medical work by that admirable missionary. He has treated 2,838 new cases during the year, but his patients have required his attendance in all nearly 6,000 times, not to mention his care of the missionary families, His surgical cases have numbered 952, several of them of a serious character, such as excision of the ankle, lithotomy, the removal of tumors, cataract, iridectomy. Burns, scalds, dislocated joints, broken bones, gunshot and knife wounds have been very numerous. It will be seen that Dr. THOMPSON'S practice is one involving great and sudden responsibility for a young physician, where consultations are impossible. He, with his young comrade, Dr. HAYS, at Bangkok, should attract the interest of all our Christian physicians and not be forgotton in their prayers. All races and ranks in Siam have been among Dr. THOMPSON's patients, the prime minister of the kingdom and the governor of the province of Petchaburi, with their families, other nobles, governors, judges, through all the petty officials, down to the poorest people and the lowest of the slaves. His tours have been numerous, reaching five provinces. The plan of requiring the people to pay for the medical treatment which they receive has been steadily followed, except where humanity forbade, While careful to make it perfectly clear that the physician was not there to make money nor to "make merit," the people have been taught that they ought to pay for a work conducted for their benefit. The consequence has been that the greater part of the support of the hospital has been drawn from the people themselves, while Dr. Thompson expresses the conviction that they have not yet reached the limit of their income from this source. Two medical students are under training. A growing familiarity with the language will enable the physician to undertake more of such work .-

The Church, May, 1888.

MEDICAL WORK AT CHIENG MAI, UPPER SIAM.

Dr. CARY had no sooner reached his field than, through the assistance of Dr. McGilVARY and NORWOOD McGILVARY, a young lad, acting as interpreters, he was able to begin work, appointing regular hours for receiving patients and for surgical practice. A new dispensary has been completed and a small temporary hospital erected, while much of the timber has been prepared for the permanent hospital. In seven months Dr. CARY had treated six hundred and seventy patients, much of the medicine used being paid for by them—an important point. A number of critical cases were treated surgically, in all but three with complete or partial success.—

The Church.

At a Meeting of Foreign residents on Shameen, Canton, a paper was read by the Rev. J. C. THOMSON, M.D., entitled a "Jubilee Sketch of the Medical Missionary Society in China."

Time admitted only of the reading of portions of the paper, which had evidently been prepared with the care and painstaking labor which Dr. THOMSON is known to bestow on any thing he undertakes.

The Chairman, Mr. CHALONER ALABASTER, H.B.M. Consul, characterized the paper as exhaustive and showing the great amount of good the Society had done since its formation in 1838. The paper gave biographical sketches of the prominent founders, Drs. Colledge, Parkeb, W. Jardine and others.

Short addresses were made by the Chairman, Mr. C. SEYMOUR, U.S. Consul, and the Rev. T. W. PEARÉ, of the London Mission. On motion of Rev. Dr. HAPPER, seconded by the Chairman, a unanimous vote was passed recommending the publication of the paper. Now that all the actors in the initiation of this the Medical Missionary Society in the world have passed away, it will be a historical document of great value.

After votes of thanks to the Chairman and Dr. THOMSON, Dr. HAPPER pronounced the benediction.

A certain Chinese teacher, observing the ways of foreign doctors, has thoughts of his own on many subjects. A while since, he delivered the following sententious comparison:—You discover a thief on the way to your money-box. What do you do? Do you reason with him? do you expostulate with him? do you even pray with him? No! you call in the police, and they quickly rid you of your foe. So it is when you are sick. If it is a small aliment, homeopathy may do, but if you are real sick, you want the allopathic doctor.

Rapid transit is the dream for China's future in the foreigner's active brain. When the millennium dawns, the stately tread of this dignified nation may be changed for the mad rush of Western lands, and ancestors yield to trade. But just now, in this their calm day, who shall say that China does not lead the world in methods of slow transit. To prove it you should make your observations on the steps of a Hospital. Here comes a man with the inevitable bamboo over his shoulder. He carries a burden in each round basket swinging from either end. Over the wicker work on one side gaze the solemn eyes of a Chinese child. In the other basket is a blue bundle of something which moves mysteriously, and gives forth a strange whimper. The blue bundle being unrolled, a baby stretches itself out, and coos, and smiles. What is the rattling, shaking baby-carriage to this swaying cradle hanging from father's shoulder? Another day and the door of the treatment-room opens to admit two stalwart women, with faces moist and glowing from a walk of three lee, with a burden between them. Such a remarkable burden—a wash-tub girded to a stool by ropes, and supported on a like bamboo pole, with a cushion in the tub. Nothing is lacking to the comfort of the paralysed woman whose helpless feet have swung over the edge for three lee, and now in an improvised chair are waiting the doctor's inspection. Little foreign girls playing "chair" with locked wrists never dreamed of such a royal equipage.

We have received, just as we go to press, reports of Hospitals at Peking, Swatow, and Canton, but must leave a fuller notice for next Number.

#### BIRTHS.

At Foochow, March 10th, to Mrs. J. A. COFFIN, a son.

#### ARRIVALS.

At Amoy, January 13th, for Am. Reformed Mission, J. Otte, M.D., and wife,

At Shanghai, April —, MARIE HASLEP, M.D., for Am. Epis, Miss., Wuchang.

At Shanghai, June 1st, W.W. SHRUBSHALL, L.R.C.P., L.R.C.S.E., L.F.P.G., for Methodist New Connexion Mission, North China.

#### DEPARTURES.

From Foochow, February 28th, KATE A. COREY, M.D., of M.E. Mission, for U.S.A.

From Foochow, April 9th, Rev. R. von SOMEREN TAYLOR, M.B., wife and two children, of C.M.S., for Europe.

# The China

# Medical Missionary Journal.

#### EDITED BY

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J.	G.	KERR,	W.D.,	Canton,

E. REIFSNYDER, M.D., Shanghai.

A. LYALL, M.B., C.M., Swatow.

REV. L. H. GULICK, M.D., Business Manager, Shanghai.

Vol. II.

# SEPTEMBER 1888.

No. 3

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#### SHANGHAI:

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1888.

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OF THE

# Medical Missionary Association of China.

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# NOTICES.

The Subscription Price for The China Medical Missionary Journal is Two Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Guller, M.D., Shanghai, while Articles intended for *The China Medical Missionary Journal* may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.

# China Medical Missionary Journal.

Vol. II.

# SEPTEMBER 1888.

No. 3.

# SEMI-CENTENNIAL OF THE MEDICAL MISSIONARY SOCIETY.

By Rev. J. C. THOMSON, M.D.

[We reprint the following Jubilee Sketch of the Medical Missionary Society in China from the China Mail as containing historical statements which must be of interest to all who are connected directly or indirectly with this department of missionary work. At a meeting held on Shameen, May 18th, appointed for the purpose by the Committee of Management of the Medical Missionary Society, Dr. Thomson read abstracts from his "Jubilee Sketch," and we give an outline of what was read.

Mr. Chaloner Alabaster, H.B.M. Consul, occupied the Chair, and introduced Dr. Thomson, saying that "we were assembled to celebrate the Semi-centennial of the Medical Missionary Society, the best institution we have among us, which was founded on principles and worked along lines which must insure for it enduring prosperity and increasing success. He did not doubt but that fifty years hence others would celebrate the centennial year." At the conclusion of the reading the Chairman pronounced the historical Sketch exhaustive, and a Motion made by Rev. Dr. Happer, and seconded by the Chairman was passed, recommended the publication of the paper. During the reading of the paper, paintings and photographs of the prominent actors in founding the Society, Drs. Colledge, Parker and Bridgman and of physicians and patrons of the Society, Drs. Holson, McCartie and McGowan, Dr. S. Wells Williams, Howqua and others, were exhibited.—J. G. K.]

"JUBILEE SKETCH OF THE MEDICAL MISSIONARY SOCIETY IN CRINA, "REVEALING THE ORIGIN OF FOREIGN MEDICAL MISSIONS.

"In the original statement of the objects and prospects of the Society, drawn up by request in 1838 by Drs. Colledge, Parker and Bridgman, they say: 'A peculiarity of the Medical Missionary Society in China is, that it addresses itself to the consideration of ALL.' Years ago, Sir Brooke Robertson, when holding the same office at Canton as our worthy Chairman, used to cham-

pion our cause and frequently presided over our meetings. On such an occasion, in 1868, after remarking his appreciation of the great influence of these benevolent labours in the advancement of civilization and Christianity, he said, 'he would repeat what he had said on former occasions, that he believed missionaries, especially medical missionaries, to be the great arm of civilisation, and although this fact may not be acknowledged now, it will in future time be fully recognized.'

"Said Rev. T. W. Pearce at the Cauton Hospital's Semi-centennial, three years since: 'But in addition to the direct work of healing, an indirect work of incalculable good is accomplished by institutions of this kind in China. It may be claimed for the Canton Medical Mission that it has played no unimportant part in bringing foreigners and Chinese into better relations by removing mutual misunderstanding.' On the same occasion, the late lamented Mr. Nye remarked, when speaking of our Society:—'In reviewing the progress of the work thus heralded, or casting the horoscope of the future, we may well pause, momentarily, to regard the inception of a scheme of benevolence so deeply affecting the relations of the two great confronting races of the world at that time—those of the Christian West and these of the Pagan East—their relative attitudes and their, respectively, equal ignorance of each other. . . . . The triumph, then, of the generous policy of conciliation is assured,—nay, it is achieved already; and henceforth there remains only the duty of perseverance in enlarging the sphere of its practical application.'

"And among other expressions of the value of our Society to commercial interests we give these, uttered when Dr. Parker was on his triumphal tour through England, France, and America in 1841. A resolution of a meeting in Boston read:- That the benefits to be obtained by a continuation of the labors of Dr. Parker, with those of such coadjutors as may be joined to him, are so manifest and practical, and the prospects opening from them promise so much benefit to the mercantile intercourse of our countrymen, as well as to the Chinese nation, that his plans must undoubtedly obtain the support of our citizens, if they can be brought distinctly before them.' While in the Liverpool Meeting account it is said :- 'In regard to commerce, too, the Chief Superintendent of British Trade well remarked of the Society that the surgeon's knife was better calculated to conciliate the Chinese than any weapons of war.' Dr. Parker, when called to treat Imperial Commissioner Keying in 1843, remarks:- 'Nothing has occurred to render more striking the contrast in the state of things in China, since the opening of the hospital in 1835, than this interview. Then, it was feared to have its existence come to the knowledge of the authorities, and the first lease of a building for the purpose expressly provided that it should be given up if the officers raised objections. A linguist's clerk for three or four years was also often in attendance as a spy. Now, on a public occasion, the Governor-General and an Imperial Commissioner, in the presence of the Provincial Judge, and numerous other officers and attendants, voluntarily alluded to the institution in no measured terms of commendation.'

"Then 'twas better than now probably, and yet only recently our Society has been appealed to by the Viceroy for foreign surgeons to attend the armies.

"But as on that 'triumphal tour,' the Ladies are not to be omitted: 'The interest,' says Dr. Parker, 'already existing in the English metropolis on behalf of the objects of the Medical Missionary Society was not confined to these benevolent ladies,' to whom he had referred as making systematic efforts in behalf of this cause, sending remittances and addressing circulars upon the subject to benevolent ladies in other parts of England. In Edinburgh, at least, and at points in the United States, he specially addressed Ladies' Meetings, and at Philadelphia a Ladies' Society was formed which sent remittances. And where does the 'still sad music of humanity' strike a more responsive chord than in woman's sympathetic breast; and who more than she would advance our cause and bring in the time 'when man to man the world o'er, shall brothers be for a' that.' But not only does our Society address itself to the foregoing, it is peculiarly the handmaid of religion. 'We have called ours a Medical Missionary Society, because we trust it will advance the cause of missions,' so reads the original address of 1838. Rev. A. Krolczyk declared that he would not be able to reside in Tung-kun but for his dispensary, which was also the declaration of Dr. Happer and others in the early days of Canton; while of Dr. Parker it was said; 'He opened China to the Gospel at the point of his lancet.' As a summary of this introductory thought we give the opening paragraph of the original paper of suggestions drawn up after 'mature deliberation' by Drs. Colledge, Parker and E. C. Bridgman, and published in October 1836; and thus come to the first step in the formation of our Society. 'Viewing with peculiar interest,' it declares, 'the good effects that seem likely to be produced by medical practice among the Chinese, especially as tending to bring about a more social and friendly intercourse between them and foreigners as well as to diffuse the arts and sciences of Europe and America, and in the end to introduce the gospel of our Saviour in place of the pitiable superstitions by which their minds are now governed, we have resolved to attempt the formation of a society to be called the 'Medical Missionary Society in China.'

"And yet it is plain to see how events led up to this organisation. Specially in the mind of Dr. Colledge is the germ of the Society early found, as will be manifest from the sketch of that Founder.

"In the concluding paragraph of the 'Suggestions' we read: 'All truth is of God: the introduction of medical truth into China would be the demolition of much error. . . . As the means then to waken the dormant mind of China, may we not place a high value upon medical truth, and seek its introduction with a good hope of its becoming the handmaid of religious truth. . . .

That inquiry after medical truth may be provoked, there is good reason to expect; for exclusive as China is in all her systems, she cannot exclude disease, nor shut her people up from the desire of relief. . . . This seems the only open door; let us enter it; loathsome disease in every hopeless form has uttered her cry for relief from every corner of the land; we have heard it and would and must essay its healing.'

"The next allusion we find to the Medical Missionary Society is under date of May 11, 1837, when a 'List of subscribers, with donations to the amount of \$5,230, to a proposed Medical Missionary Society in China' was published in the Canton Register. And, in Dr. Parker's Seventh Quarterly Report of the Ophthalmic Hospital of date May-December 1837, he remarks that the 'organization of the contemplated M. M. Society has been delayed through unanticipated causes.' But the date February 21st, 1838, brings us to the actual organization of not only 'the oldest and now most vigorous of the medical organizations in China,' as it is characterized in the September No. of the China Medical Missionary Journal, but to the first Medical Missionary Society in the World.

"Touching that important organization then we read :-- 'At a public meeting, called by T. R. Colledge, M.D., H.M.S., the Rev. P. Parker, M.D., and the Rev. E. C. Bridgman, (G. T. Lay, Esq., attending on the part of Dr. Colledge), which was held in the rooms of the General Chamber of Commerce, at Canton, on the 21st of February 1838, it was Proposed by the Rev. P. Parker, and seconded by M. Inglis, Esq., "That Mr. Jardine take the chair." This being unanimously agreed to, the chair was accordingly taken by Mr. Jardine, who stated, that the object for which the meeting had been called was the organization of a Medical Missionary Society, in conformity with a plan which had been for some time in contemplation, and in reference to which certain suggestions had been published, about eighteen months previously, by the gentlemen by whom the meeting was called,' On motion of G. T. Lay, Esq., seconded by Rev. E. C. Bridgman, it was Resolved: I. 'That, in order to give a wider extension, and a permanency to the efforts that have already been made to spread the benefits of rational medicine and surgery among the Chinese, a Society be organized at Canton, under the name of "The Medical Missionary Society in China." That the object of this Society be, to encourage gentlemen of the medical profession to come and practise gratuitously among the Chinese, by affording the usual aid of hospitals, medicine, and attendants; but that the support or remuneration of such medical gentlemen be not, at present, within its contemplation.' Here follow Resolutions on Officers, Members, Meetings, Library, Anatomical Museum, Trustees, Qualifications of Medical Men employed, Duties of such Medical Men, Hospital Register and Foreign Agents, which being severally discussed and adopted it was further Resolved, 'That the members of this Society are deeply impressed with a sense of the services which Dr. Colledge and Dr. Parker have rendered to humanity, by the gratuitous medical aid they have afforded to the Chinese, which services have tended to originate this Society; and that the members trust to the philanthropy and zeal of those gentlemen to carry the purposes of the Society into effect, and to enable it to perpetuate the benefits which have been already conferred.' It was then moved by James Matheson, Esq., (late Sir James Matheson, Bart.), seconded by R. Turner, Esq., and Resolved, 'That the thanks of this meeting be presented to T. R. Colledge, M.D., for the responsibility and trouble taken by him in purchasing, and putting into repair a convenient and suitable building for a medical institution at Macao. That the said building be accepted by this Society, on the liberal terms of Dr. Colledge's offer; and that the Trustees be authorized to take the necessary steps for the transfer of the property.'

"Resolved,—'That the meeting now proceed to the election of officers.' The following officers were duly elected: President, T. R. Colledge, M.D.; Vice-presidents, Rev. Peter Parker, M.D., W. Jardine, Esq., G. T. Lay, Esq., Rev. E. C. Bridgman; Recording Secretary, A. Anderson, Esq.; Cor. Sec., C. W. King, Esq.; Treas., Joseph Archer, Esq.; Auditor of Accounts, J. C. Green, Esq. The following officers form the Board of Trustees: Thomas Richardson Colledge, M.D., Joseph Archer, Esq., John Cleve Green, Esq.

"Thanks having been voted to the Chair, the meeting was then adjourned.

"In a meeting of the Committee of Management, on the 23rd of February, R. Inglis and A. Anderson, Esq., were added to the number of the Vice-presidents, and J. R. Morrison, Esq., was appointed Rec. Sec. in the room of Mr. Anderson, and a resolution was passed: 'That Dr. Colledge, Dr. Parker and Mr. Bridgman be requested to draw out a general statement of the objects and prospects of the Society, its regulations and other particulars of its organization, for the purpose of publication, the same to be submitted for approval to a general meeting of the Society.'

"At a public meeting of the Medical Missionary Society in the rooms of the General Chamber of Commerce on the 24th April 1838, Rev. Peter Parker, M.D., Vice-president, in the Chair, after the reading of the Minutes of the meeting of February 21st, the provisional changes in the list of officers made by the Committee of Management were confirmed, and the address by Drs. Colledge, Parker, and Mr. Bridgman, as ordered drawn up, was read. In it among other things they say: "Heal the sick" is our motto,—constituting alike the injunction under which we act, and the object at which we aim, and which, with the blessing of God, we hope to accomplish by means of scientific practice, in the exercise of an unbought and untiring kindness. We have called ours a Missionary Society, because we trust it will advance the cause of missions and because we want men to fill our institutions, who, to requisite skill and ex-

perience, add the self-denial and the high moral qualities which are usually looked for in a missionary. While the Society's Agents, who will be looked for from Missionary Boards in Christian lands, will ply their art they will educate young Chinese in it, and reflex benefits will accrue to medical science from discoveries in China. The Society thus addresses itself to all, including the scientist and the philanthropist, and in furtherance of this, Agents are appointed in the principal cities of England and America (as in London, Edinburgh, Glasgow, Boston, New York, Philadelphia, Baltimore and Washington) since though about \$9,000 have been contributed in China and its vicinity within the last two years to this cause, the Society must look to the affluent of happier lands for its principal support. (On the other hand, its support now is all from resident foreigners and natives, the latter providing the larger proportion.) After the reading of the Address, on the motion of W. Jardine, Esq., seconded by J. C. Green, Esq., it was Resolved, 'That the address be accepted, and that, agreeably to the resolution of the Committee of Management, it be printed. accompanied by the list of regulations and other particulars of information regarding the state and prospects of the Society.' Resolved, 'That this meeting, having heard that an application is to be made to the proprietor of the building now occupied as a hospital in Canton, to repair and enlarge it, is of opinion that Dr. Parker should, for the following reasons, be requested to avail himself of the time required for such repairs and alterations, to proceed to Macao, to open, and for three or four months to take charge of the hospital there. These reasons are, that there are now many cases in Macao calling for early attention. whereas in Canton most of the cases of old standing have been relieved; and that a great advantage will be experienced in the new institution being opened by a person acquainted with the language and habits of the Chinese rather than by anyone a stranger to their language and habits, who may hereafter arrive.' Also resolved, 'That this Society views with pleasure the prospects of an early increase in the number of its medical co-operators in this country; and that it trusts the hospitals, both in Canton and Macao, may enjoy, ere long. all needed superintendence, in the presence of, at least, two surgeons in each. Resolved, 'That with a view of increasing the existing pecuniary means of the Society, the Secretary be empowered to call a general meeting, a few days subsequently to the publication of the pamphlet now about to be printed.' The meeting then adjourned.

"In the list of contributors to the Society's treasury we notice among the Directors for life, those contributing \$500 or more, the names of Lancelot Dent, Wm. Jardine, and J. Matheson, all so prominent in after years; and among the members for life those of Capt. C. Elliot, R.N., J. R. Morrison, D. W. Olyphant, Sir G. B. Robinson, Bart, the Wetmores and 'Howqua,' the great hong-merchant, ever a generous helper and the only Chinese on this

list for years as it would seem. Among the Annual Subscribers are Capt. T. Smith, H.C.S., and several ladies, among them Lady Herschell. After general allusions to the three Founders, the events of their careers were brought out more in detail. First we met Thos. R. Colledge, F.R.S.E., etc., of the E. I. Co. and H. B. M. Commission, one of the earliest medical benefactors of China and the actual originator, may we not say, of Foreign Medical Missions. To show his position we give the incidental remark of Rev. G. T. Lay, a V.-P. of our Society: 'We have,' says he, 'a Society whose special object is to encourage this (the exercise of the medical art) among the Chinese, founded upon principles first conceived by Colledge, the Chinaman's friend, and afterwards successfully put in practice by himself and Dr. Parker.' And as one reads his life, one will see his right to priority in this claim. So to understand his relationship to our Society one needs to know him from his arrival in China, and then too may not this Society claim the results of those earlier labors of its founder.

"In the Prospectus of the Medical Philanthropic Society of London, organized in considerable measure as an aid to this Society, we have the following: 'The honor of founding the first institution (the Macao Ophthalmic Hospital in 1827) for conferring upon the Chinese the benefits of European science in medicine and surgery is due to Dr. T. R. Colledge, surgeon to the English Factory in China.' In a letter acknowledging a benefaction from the E. I. Co. we find this: 'In the year 1827, on joining the E. I. Co.'s establishment, I determined to devote a large portion of my time, and such medical skill as education and much attention to the duties of my profession had made my own, to the cure of so many poor Chinese sufferers of Macao and its vicinity as came in my way. . . . . . During that year my own funds supplied the necessary outlay. In 1828 many friends who had witnessed the success of my exertions in the preceding year, and had become aware of the expenses I had incurred, came forward to aid in the support of a more regular infirmary which I proposed to establish.'

"And Chief of British Affairs in China, Plowden, in a most favourable testimony to Dr. Colledge as surgeon and philanthropist, remarks:—'To Mr. Colledge therefore belongs the merit of having established by aid of voluntary donation the first institution in this country for the relief of indigent natives.' (And yet we must not forget that Rev. Dr. Morrison, who also took a course in medical study, in conjunction with Dr. Livingstone, had as early as 1820 opened a dispensary at Macao for poor Chinese).

"From Dr. Colledge's Chinese testimonials we cull this :-

'He lavishes his blessings,—but he seeks for no return; Such medicine, such physician,—since Tsin were never known; The medicine—how many kinds most excellent has he; The surgeon's knife—it pierced the eye, and Spring once more I see. If Yung has not been born again, to bless the present age, Then sure 'tis Soo reanimate, again upon the stage: Whenever called away from far, to see your native land, A living monument I'll wait, upon the ocean's strand.

"The memory of this Hospital, which was necessarily closed in 1832 after some 6,000 cases had been treated, is preserved in a noted painting by Chinnery, a steel engraving of which you observe suspended on the wall.

"In 1828, during the period of the residence of the British Factory in Canton, Dr. Colledge and Dr. Bradford of Philadelphia opened a free dispensary which was largely patronized by the natives. 1833, according to Hunter's Fankwai at Canton was a 'notable year, for the hitherto unprecedented event of the marriage at Macao of a young American lady, Miss Shillaber of Boston, to Dr. Thos. R. Colledge of the Company's Factory. It was a brilliant affair and celebrated with more than usual éclat from its nevelty.' In 1835 was organized 'The British Seaman's Hospital Society in China,' with Dr. Colledge as the chief actor. Its special object was to maintain a 'floating hospital' at Whampoa—whither during 1834 there came nearly 200 ships and upwards of 6,000 seamen. It also gave gratuitous medical aid to Chinese. The 'Whampoa Bethel' ship was then, we believe, still under the care of Rev. Edwin Stevens of the American Seaman's Friend Society, from the funds of which this Society has of late years an annual allowance.

"Coming down to 1836 we find Dr. Colledge, in October, in conjunction with Drs. Parker and Bridgman, issuing the appeal for a Medical Missionary Society, and in February 1838, after a most favorable resolution touching his philanthropy and zeal in this cause, the newly-organized society at once elects him to its Presidency, which office he held upwards of forty years, or until his death at Cheltenham, England, in 1879, at the advanced age of 82 years. He passed away with the pathetic yet comforting refrain on his lips when reminded of his part in founding this Society, 'That was the one good thing of my life.'

"Our second Founder was the pioneer American Missionary to China, Rev. Dr. Bridgman, who as a V.-President of this Society and ever active for its welfare, a noted sinologue, founder and editor of the Chinese Repository, and prominent in all good works of his day, died at Shanghai, November 2nd, 1861.

"The third Founder was Rev. Peter Parker, M.D., the first regularly-appointed Medical Missionary to this Empire. The idea of using the practice of medicine as a means of affording opportunities to introduce Christianity among the Chinese was first practically adopted by the American Board of Missions, and Dr. Parker, proceeding with that view, arrived at Canton, October 26th, 1834. Leaving soon for Singapore, after treating there upwards of 1,000 patients, he returned to Canton, and after considerable difficulty opened there, in San Tau Lan, the first Medical Mission Hospital in China. Renting Factory No. 7 of

Fung-tai Hong at \$500 per annum from Howqua and notice given, the first day no patient ventured to come; the second day a solitary female afflicted with eyedisease came, the third day half-a-dozen, but soon they came in crowds, by hundreds, even a thousand have been present on out-patients day, some spending the night before the doors to gain an early admittance. And so it has since continued, for the last thirty-three years, under the self-denying and efficient labors of Dr. Kerr.

"These applicants have been from all the Provinces and from all ranks, from the beggar to the members of the Imperial household. The reply of an old woman with cataract in both eyes is a sufficient illustration of the unqualified confidence reposed in the foreigner. Dr. Parker expressing doubt whether she could bear the knife being put into her eye, she made answer :- ' If you like you may take them both out and put them in again.' Not to refer again to Dr. Parker's active part in the founding of our Society, we note this as the period when without anæsthetics he revelled in tumors 'one-third the weight of the man' on Chinese who like Kwong-chaufu Yü with much composure laid himself upon the operating-table and during the operation scarcely discovered any sensibility; ' in first amputations of limbs of Chinese, first lithotomies, of which his institution has almost had the monopoly, there being considerably more than 1,000 operations for stone to date since the first in 1844; and was weighted down with scrolls from Imperial Comr. Keying to the grateful heart who wished to send an artist for a painting of his benefactor that he might worship it daily. There are still traditions on the street of the skill of Dr. Parker in that heroic age. A remark of Kwangchau-fu Yu above mentioned is worth repeating. No doubt on his good behavior under the surgeon's knife, having sustained a conspicuous part in the recent war and ransom of Canton, the officer with whom Captain Elliot treated, he made inquiries after him, and observed of Imperial Commissioner Lin, that, had he listened to him, he would have saved himself and country much trouble, and alluding to the relative importance of China and the nations of the West, made the just interrogation, 'What is the use of designating one high and the other low, of those which are on the same level?'

"Having felt the importance of training natives for the medical calling, Dr. Parker began in 1837, with a class of three promising youths, the instruction apparently largely in English. This Hospital class is still continued with the Chinese language as the medium, and many have gone forth to play a medical part, some with distinction and much pecuniary profit, while others have continued in hospital employ. The Macao Hospital was opened in 1838 by Dr. Parker, who was soon succeeded by Dr. Lockhart, and he in turn by Drs. Hobson and Diver in the care of it. During the hostilities of 1839 the hospital was forced from the Factory to Dr. Parker's residence and then to the Canton Dispensary. Finally closed on the 7th of June 1840 by reason of the Blockade of Canton by

the British-though the eagerness to obtain medical aid and the number of patients was never greater, there being an attendance of some 200 on the closing day. Dr. Parker, also with the approbation of the Medical Missionary Society, embarked July 5th on a tour through America and England, the object specially proposed being to raise there 'a permanent fund for the support of the "Medical Missionary Society in China," for the maintenance of the hospitals already established, and for the founding of others at every accessible and eligible part of China; it being also a prominent object to train up Chinese youth of talent, to extend the blessings through the Empire; in all our efforts, never losing sight of the paramount object,—the introduction of the Gospel.' At the first meeting for the specific object at Washington there was good attendance and favorable resolutions were passed. On Sabbath he addressed the Congress of the U.S. Many other places were visited and addresses made, notably New York, Boston and Philadelphia. Very favorable resolutions were passed and pecuniary aid given, at Boston to the amount of upwards of \$5,000. At Philadelphia a General and a Ladies' Society were formed and remittances made. New York commended heartily the objects of our Society, appointed an Aid Committee, and besides agreeing to support several Chinese Medical Students has since sent money and medicines.

"Immediately after these meetings Dr. Parker embarked for England. Spending six weeks in London, he published a 'statement respecting Hospitals in China,' and displayed his paintings by Lamqua of characteristic maladies, which he left in Guy's Hospital Museum. Sir Henry Halford, already interested in Medical Missions in China, at once gave him hearty support. Commendation of the Society's objects was also received from the Duke of Sussex, and the Princess Sophia, from the Archbishop of Canterbury, the Duke of Wellington, Sir Robert Peel, the Bishops of London and Durham, Lord Bexley, Sir George Staunton and others. At the Exeter Hall meeting, July 15th, 1851, Sir George Robinson, Bart., former Chief Superintendent of British trade in China was called to the Chair. The meeting closed with favorable resolutions by Dr. Wm. Jardine, M.P., and others. Cambridge and Birmingham were visited on the way to Edinburgh. At this last point special interest was manifested. The Lord Provost presided over a gathering of the elite of the City at the Waterloo Hotel, and the famous Dr. Abercrombie played a prominent part, afterwards becoming President of the Society then formed to aid medical missions in China and since called the Edinburgh Medical Missionary Society.

"The workings of Providence are seen, in that Dr. Parker was the instrument used in establishing the Edinburgh Society, its Superintendent Dr. W. Burns Thomson led Dr. G. D. Dowkontt into that work, and he afterwards became the virtual founder and is now Superintendent of the New York Medical Missionary Society. Dr. Parker also addressed in Edinburgh a meeting of ladies

who, with the Society above, promised aid. At Glasgow the meeting was held at Carrick's Hotel, the Lord Provost in the chair. W. P. Paton, Esq., introduced Dr. Parker through a letter from James Matheson, Esq., of Canton. At Liverpool in a 'numerously-attended' meeting Dr. Parker alluded to the work of Dr. Lockhart, one of the Society's agents, and to that of Dr. Pearson, who introduced vaccination into China at Canton in 1805—both of them former residents of Liverpool. Here the ladies were also outspoken in their interest, and a General Committee was appointed, of which it was said that a 'more respectable and influential body, comprising the same number and embracing such different professions and religious denominations, could scarcely be selected in Liverpool.' To Paris a brief visit was paid and friends made for the cause. Through several distinguished gentlemen whom Dr. Parker met in London the cause was also advocated and sympathy enlisted in Germany.

"The War in China ended, Dr. Parker meanwhile marrying a niece of the great statesman Webster, again reached China, October 4th, 1842, and with Mrs. Parker took up his residence at Canton, November 5th, in 'direct opposition to old regulations,' one of which was that 'neither women, guns, spears, nor arms of any kind can be brought to the Factories.' Here Mrs. Parker lived a 'lone woman without a single female companion for many months.' She was the first foreign woman to reside at Canton. It was soon after this that the great Imperial Commissioner Keying, shortly afterwards a patient of Dr. Parker's. presented a Memorial to the throne, in which is the following paragraph: - 'Another point, it is the wont of the barbarians to make much of their women. Whenever their visitor is a person of distinction, the wife is sure to come out to receive him. In the case of the American barbarian Parker, and the French barbarian Lagréné, for instance, both of these have brought their foreign wives with them, and when your slave has gone to their barbarian residences on business, these foreign women have suddenly appeared and saluted him. Your slave was confounded (awe-stricken) and ill at ease, while they, on the contrary, were greatly delighted at the honor done them. The truth is, as this shows, that it is not possible to regulate the customs of the Western States by the ceremonial of China, and to break out in rebuke, while it would do nothing towards their enlightenment, might chance to give rise to suspicion and ill-feeling.'

"On the 21st of November, Dr. Parker reopened the Hospital in the building where it was first commenced. Old Howqua, the landlord of the factory, at first made some objections, particularly referring to the hazard he was before exposed to at the time of the death of a friendless beggar, upon whose body the Nanhai hien held a coroner's inquest, but being assured that due precautions should be taken to prevent the recurrence of a similar event, he gave his consent.

"On inquiring what would be the rent, he replied that it would be unnecessary to speak of that: 'My own heart likes this business too; if any

repairs are necessary, just call on my comprador, and he will see that they are attended to.' Not to dwell longer, we conclude briefly. Appointed in March 1844 joint secretary with Doctor Bridgman to the American Legation, under Hon. Caleb Cushing, he was present at the forming of the U.S. Treaty with China at Macao on the 3rd July, and on the exchange of Treaties at Pun T'ong, Canton, on 31st Dec., 1845, he was interpreter and subsequently acted as Chargé d'Affaires. His connection with the American Board of Missions ceased in 1847, though he continued his medical service at the Hospital and amongst the foreign community till 1855.

"Serving then as Secretary and Interpreter, or Chargé, in March 1853 he arrived at Shanghai with Commodore Marshall in U.S.S. Susquehanna, bound for Nanking, but shallowness of water prevented their progress, and thence returning to Hongkong he was wrecked at the mouth of the Min River, but without bodily harm. In 1854 he accompanied Minister Maclane to the mouth of the Peiho, where joint applications were made by the English and American Ministers to be allowed to discuss treaty matters in the capital, and remained till November 10th. In the spring of 1855, Dr. Parker returned to the United States, the charge of the Canton Hospital being meanwhile transferred to Dr. Kerr, and appointed United States Commissioner, he returned to China. In 1857 he retired from China and took up his residence at Washington, where we find him holding such positions as Regent of the Smithsonian Institution, President of the Evangelical Alliance, and of the Yale College Alumni Association, while since the death of Dr. T. R. Colledge, in 1879, he has been the President of the Medical Missionary Society in China, and ever shown a hearty interest in its welfare. But on the 10th January 1888, at the advanced age of 84 years, he was called to his reward, and we lost one who had probably done more to advance the cause of Medical Missions than any other one person.

"We might show the admirable adaptation of these three Founders to form such a Society by noting the fact that one was a layman, dissociated from any Missionary Society; two, physicians; two, clerical missionaries; two from New England and one from Old England. The prominent parts played in that organization by mercantile factors is also noticeable and commendable—by Dr. Jardine, and Messrs. James and Alexander Matheson, of that well-known firm; Mr. J. C. Green of Russell & Co.; Messrs. Olyphant, King, Inglis, Archer, Moller, Dent, Wetmore, Sturgis, Turner, Fearon—the paternal ancestor of the member of our Managing Committee who find this year so fortunate for partnerships—and others, several nationalities being represented.

"We remark at this period the earnest desire of the great African explorer and medical missionary, David Livingstone, to come to China, but the war with England led to his appointment to Africa instead.

"On the 4th of September 1843 there died at Canton a generous friend of

this Society, and 'altogether the most remarkable native known to foreigners,' 'Howqua,' the senior and leading member of the hong-merchants, whose wealth was estimated at anything up to a billion dollars by the press.

"The sketches of the old agents of this Society, Drs. Lockhart, Hobson, Macgowan, Ball and others, have to be passed with a bare allusion, so also the important parts played by S. Wells Williams, Lt.D., Venerable Archdeacon Gray, Rev. C. F. Preston, and notably Mr. Gideon Nye, U.S. Vice-Consul, who, even before the organization of this Society, a resident of Canton, was a contributor to the Hospital's funds and ever after a faithful and generous friend of this Society, a Vice-President and for some ten years past its presiding officer. The oldest foreign resident in China, he passed away January 25th, 1888. The action of the Society at its annual meeting, touching his decease, you already have.

"As to the present incumbent of the Canton Hospital, the chief actor of a generation, on the stage of the Medical Missionary Society in China, and the oldest medical missionary in this Empire, we conclude our sketch by giving the words of another at the Hospital's Semi-centennial sometime since, as equally appropriate here: 'The prosperity of Institutions like this does not depend so much upon organizations and well-devised regulations and plans, as upon men; given the right men, and things will generally go right. Dr. Kerr needs no praises from me, but we have come to regard him as part of the Missionary Hospital, and the Hospital would somehow seem a different place without him.'

"The Medical Missionary Society's Agents since 1838 comprise the following:—Drs. Parker, Lockhart, Diver, Hobson, Ball, Cumming, Macgowan, Hepburn, Happer, McCartee, Kerr, Göcking, Graves, Wong, Faber, Krolczyk, Carnegie, Nacken, Carrow, Jeremiässen, Thomson, Misses Niles and Fulton, McCandliss and Swan. The M. M. Society has conducted hospitals and dispensaries at Macao, Hongkong, Amoy, Ningpo, Ting-hae, Shanghai, Formosa and Kwai-peng; in Canton City at Kuk-fau, Kum-le-fau, Ham-ha-lan, Tsing-hoi-mun, Tai-ping-sha St., 13th St., Sz-pai-lau; and in the Province at Shiu-hing, Ng-chau, Fatshan, Shik-lung, Fu-mun, Fuk-wing, Sai-nam, Pok-lo, Tsing-yuen, Shik-kok, Tai-ping, Tung-kun, Ho-au, Fui-chü, Lien-chow, Yeung-kong and Kiung-chow and Nodoa, Hainan.

"At the Canton Hospital, and dispensaries and hospitals drawing supplies therefrom, but not including the Society's hospitals of early dates at Macao, Hongkong, Amoy, Ningpo, etc., there have been treated in the past fifty years some 900,000 patients. While in a review of all the figures of all the various agencies of the Medical Missionary Society in China we conclude that, during the past fifty years no less than a million patients have been treated."

#### A CHINESE MEDICAL JOURNAL.

By H. W. BOONE, M.D.

The June Number of this Journal contained articles from Dr. J. G. KERR and Dr. H. T. WHITNEY, advocating the establishment of a Medical Journal in Chinese. The very great need for such a journal and the lines on which it should work are admirably set forth by these gentlemen. In the October Number of The Recorder, for 1886, I spoke of the need for such a journal, and in the Prospectus, which was sent to all the Medical Missionaries in China, prior to the formation of our Medical Association, Dr. Gulick and I proposed that such a journal in Chinese should be published.

It is the general opinion that such a journal is needed. The only questions are, How shall it be done? and, Who shall be the Editor? Dr. Kerr and Dr. Whitney have done me the honor to name me as Editor. It would give me much pleasure to start such an undertaking, but there are considerations which forbid it. My whole time is fully employed; it would be impossible for me to undertake the duty without giving up a part of that work to which my life is devoted. My strength is only moderate, and I have received warnings to leave to younger and stronger men work which my physical endurance will not allow me to undertake. We all know what an admirable Editor Dr. Kerr would make, but he does not feel able to undertake it. When we organized our Medical Missionary Association, we took a great step forward. The Medical Missionary Journal was another step in advance. Every day is showing the wisdom of these movements and the benefits which they are conferring on the Medical Missionary body in China.

The establishment of a good Medical Journal in Chinese is a most necessary and important undertaking. It should be founded as a Christian Medical Journal. It should have articles on Medical subjects scrupulously sound and correct in their statements of facts, yet, at the same time, clear and distinct, so as to be easily comprehended by educated Chinese in general as well as by the medical students. It should be a means of interesting the Chinese and of spreading a desire amongst them to obtain the benefits of Foreign Methods of Medical and Surgical treatment. In the words of Dr. Kerr, "It should not be a question, Will such a journal pay? It can be managed so that the loss for a year or two would not be very great, and if all will unite their energies, it may be made self-supporting from the beginning."

I feel that many of us will be willing to contribute our mites to keep such a journal going for a few years, until it becomes self-supporting. It seems to me that we should exercise a wise deliberation in starting such an important under-

taking,—one that may, under God's blessing, be productive of inestimable good for the people among whom our lot is cast. We should have two Editors—one English and one American. While giving strength to the journal, this would also provide for the continuity of the work. Dr. H. T. Whitner must allow me to return his compliment. The man who is revising Osgood's Anatomy, and who has the use of a printing press in Foochow, is just the man to be one of the Editors. I beg to propose that we wait until the General Conference meets in Shanghai in 1890; That Dr. Lyall, of Swatow, be requested by the President, Dr. Kerr, to read a paper before the Medical Missionary Association of China, at our Shanghai meeting in 1890, on the subject of The Chinese Medical Journal, and the best method of organizing and conducting it, and that after the discussion on the paper, we then proceed to elect two Editors, one American and one English.

Shanghai, July 1888.

### FOREIGN BODY IN THE MALE BLADDER AND URETHRA.

By Dr. E. T. PRICHARD.

Notes of this case were intended originally to have been sent to Doctor ATTERBURY, for publication in his article on this subject in your last issue. It was stated there that a separate account would be given of a case recently treated in our Hospital. We accordingly send these brief notes.

Patient came to Dispensary complaining of inconvenience occasioned by incontinence of urine, owing to presence of a vesico-abdominal fistula.

Condition of Patient on Admission.—Patient was a man 60 years of age, feeble, and somewhat emaciated. Local examination showed, an inch-and-a-half above the upper margin of the symphysis pubis, a fistulous opening surrounded by tissues in a chronic state of inflammation.

From the external orifice of the fistula, urine was more or less continually trickling down the anterior abdominal wall.

There was a small, indurated mass to be felt in the perinceum in the course of the urethra.

Upon introduction of the catheter a stone could be readily detected in the bladder, but did not appear to be freely moveable within the viscus. The condition of the urine, etc., indicated, as might have been expected, the presence of a considerable amount of chronic cystitis.

History.—Patient stated that he had come to this hospital seven years previously for cure of the fistula, and that after an operation had been performed, temporary closure was effected.

After the operation for stone he admitted having introduced the piece of bone chopstick, found in the bladder, 20 years before. He was very reticent about imparting any information concerning it further than this.

Operation.—We were inclined at first to enter the bladder above the pubis, but after a full consideration of the case finally adopted a modified "median operation." Two slight difficulties presented themselves during operation—one arising from the rigid and hypertrophied prostate; the second, from the position of the stone. It was apparently held in one of the hypertrophied rugæ of the bladder and drawn up behind the pubis. We did not happen to possess forceps sufficiently curved to seize the stone readily. By pressure from above we managed to free it by means of a scoup, whereby extraction was made easy.

The position of the stone, together with the fact that an end of the chopstick was protruding, seemed to furnish a clue to the cause of the fistulous condition. Enough inflammatory action seems to have been set up to cause adhesion of the bladder to the abdominal wall before ulceration through the bladder-wall was finally accomplished.

The stone weighed about 600 grains.

The reason for the introduction of the bougie is a matter of conjecture only.

[Since the above was written, Dr. Bushell, of the English Legation, who frequently assists us in consultations and at operations, has sent me a case with about four inches of a Chinese bone hair-pin inserted far into the urethra.]

### SIXTEEN NATIVE INORGANIC DRUGS.

By Jas, B. NEAL, M.D.

Believing that every fresh investigation, even though only confirmatory of previous studies, should be recorded for future reference, I venture to present below the results of the qualitative chemical examination of sixteen inorganic medicines bought in the shops of Tungchowfu. These analyses were all made by myself and students working independently of each other, and no results are recorded but those which are supported by what appears to be good, reliable evidence. In the main the constituents of the various substances agree quite nearly with those given for the same drugs in Smith's Chinese Materia Medica, but a few differences may

be noted, and one or two substances are added, which I have not been able to find in his book.

### 1.—CARBONATE OF LEAD, 官粉 (Tawan-fau), Pb CO3

A white powder, bought in the shops in small, cubical packages about an inch each way, used principally as a face-powder by the women, also as a dressing for open sores. It proved to be almost pure carbonate of lead with a small quantity of iron and a trace of sulphate.

### 2.—CALOMBL, 輕粉 (T'ang fău), Hg2 Cl2

A beautiful product in bright, shining scales, insoluble in water and acids but freely dissolved by aqua regia. On close inspection, in the midst of the lustrous scales, are found a number of dull, unpolished bits of stone, which prove on examination to be particles of gypsum, introduced as an adulterant.

Besides the subchloride of mercury, which constitutes the bulk of the drug, and gypsum, sulphate of calcium, it also contains a trace of iron, scarcely more however than might be produced by the use of iron vessels in the manufacture of the chemical.

### 3.—NATIVE GYPSUM, 石膏 (Shi kao), Ca SO4

This is a very pure native product, consisting almost entirely of sulphate of calcium, with a trace of chloride. Said by my teacher to be considered of immense use in the treatment of fevers.

### 4.—VERMILION, 銀 硃 (Yiu chü), Hg S

This beautiful powder, while consisting principally of *sulphide of mercury*, gives so considerable a precipitate of *iron* with ammonia as to lead me to suspect it to be adulterated with sesquioxide of iron.

It also contains traces of calcium and chloride. Its uses, especially in painting, etc., are so well known as not to need mention.

### 5.—Oxide of Lead, 乾 丹 (Chiang tan), Pb3 O4 (?)

A heavy, red powder, insoluble except in aqua regia. Consists principally of oxide of lead, adulterated with a considerable quantity of sesquioxide of iron, and containing besides traces of a sulphate, and of calcium. Much used by the natives in making plasters-in sores, etc.

### 6.—NATIVE CARBONATE OF ZINC, 爐 甘石 (lu kau shi), Zn Co3

This occurs in small, irregular, roundish, white masses, showing on fracture a reddish interior. It is composed chiefly of carbonate of zinc with considerable ferrie oxide, and also contains traces of calcium and sodium. Used by the native faculty in eye-washes.

### 7.—NATIVE SULPHIDE OF ARSENIC—REALGAR, 雄 黄 (hiung hwang), Asz Sz

This native ore occurs in good-sized pieces of dark red color inclining to orange, yielding upon pulverization a yellow powder, used as a pigment. It is almost pure sulphide of arsenic, containing a little iron and calcium and considerable chloride, with possibly a trace of antimony.

### 8.—NITRE, 火 硝 (hwoa shiao), K NO3

This is a moist, very impure nitrate of potassium, containing a large quantity of common salt, chloride of sodium, which the natives in manufacturing the salt-petre have failed to separate from it.

### 9.—NATIVE CARBONATE OF IRON, 代赭石 (tai chie shi).

Found in irregular, hard pieces of dark red color, which have evidently been obtained by digging out of the ground. While a large portion is soluble in aqua regia with evolution of carbonic acid gas, a considerable part is left undissolved consisting mainly of silica. The soluble portion is mostly iron, mixed with quite a large quantity of calcium, and a trace of sulphate. Though I have called this mineral carbonate of iron, I am not certain in my own mind but that it should more properly be called carbonate of calcium, colored deeply by sesquioxide of iron. It is said to be used by the natives as an astringent in bowel-complaints.

### 10.—ALUM, 白攀 (beh fan), Al K (SO4)2

The alum which can be bought here is very pure, good, potash alum, containing as impurity only a trace of iron. Used in large quantities as a mordant in dyeing cloth, and as an astringent in medicine.

### 11.—CARBONATE OF COPPER, 銅線 (t'ung lu), Cu CO3

A bright green substance, to be bought in cakes which have evidently been made by mixing the green powder with some sort of glue and then forming into cakes and drying. On heating on platinum-foil the powder blackens, showing presence of organic matter, probably the glue spoken of. Dissolved in aqua regia it leaves an insoluble residue of silica. The dissolved portion consists mainly of copper, with some little iron, a little calcium, and traces of chloride and sulphate, the principal acid radical being carbonate. Used by the native in the treatment of eye-diseases.

### 12 & 13.—Ferrous Sulphate, 青礬 (ching fau) 膽 礬 (tau fau), Fe SO4

These two preparations, though distinguished by different names among the Chinese, are precisely the same substance, the latter being only slightly purer and in more perfectly-formed crystals than the former. For all practical purposes they are equally good. The Chinese, however, distinguish the purer salt by an

immense increase in price, entirely unjustified by the slight difference in purity. They both contain a trace of chloride.

This very useful salt may be readily obtained, but is an ill-looking, rather impure article. It contains besides biborate of sodium, a little silica and a trace of chloride with some admixture of mechanical impurities.

This native product, used as a substitute for soap, is a pretty pure carbonate of sodium, containing besides considerable sulphate and trace of chloride, with a little magnesium.

This substance, which is procurable in the shops as a white impalpable powder, used by the women as a cosmetic, and in medicine as a purgative, is contaminated with considerable sodium chloride and a trace of calcium, beside a little iron.

Tungchowfu, May 12, 1888.

### NOTES ON CHINESE MATERIA MEDICA.

By Rev. A. W. DOUTHWAITE, M.D., F.R.G.S.

One of the first questions asked by medical missionaries arriving in this country is, "What reliable native drugs can be obtained?" And the answer given is as a rule very unsatisfactory, as little is known about them. Most of our brethren reside in the ports, or in places not far from the coast, where supplies from home can be readily obtained, and as these are in most cases to be preferred to native products, they naturally leave the investigation of the latter to those who are compelled by circumstances to use them, as I was some years ago, and as all medical missionaries residing far inland must be.

As our numbers increase, and dispensaries are opened in remote parts of this vast empire, the need of trustworthy information as to the value of native medicines will be increasingly felt.

To aid, in some small degree, in providing for this need, I purpose giving in the following notes such information as I possess about the native drugs I have used during the past fourteen years. If others will join me in this task, we shall, in the course of a few years, accumulate a considerable amount of knowledge of Chinese Materia Medica, and thus greatly facilitate the operations of our successors.

Aconitum.—Several varieties of this useful plant are vended by the native druggists, and their therapeutic value is well known, empirically, to the Chinese physicians, who prescribe it in cases of dropsy, rheumatism, ague and fevers of all kinds.

The species called Ts'ao-wu-t'io ( 草島頭), identical with the Aconium Napellus of the British Pharmacopæa, is the most reliable kind for the preparation of the tincture, but for a strong, benumbing liniment, the Ch'uen-wu-t'io ( 川島頭), a highly poisonous root obtained from Sz-Chu'en Province, is far superior. As found in the shops, this root is shaped like the "peg-top" with which most of us have been familiar in days gone by. It is from 1 to 1½ inch long, and ½ to 1 inch broad at the base. The cuticle is almost black, but inside it is greyish white, and when broken, presents a clean, chalky fracture.

Many physicians have at times been greatly disappointed by the action, or, rather, inertness, of the Tr. Aconiti obtained from Europe. This is due to carelessness in selecting the root, which, as supplied by English dealers, is frequently so rotten or worm-eaten as to be of no value whatever. I have many times witnessed the preparation of the tincture by English druggists, and have seen them pound the root in a mortar, and throw it into the macerating jar without the slightest attention being given to its quality, and in blissful ignorance of the fact that the greater part of it was unfit for use. Such being the case, it is advisable for us to procure the native root and make our own tincture and liniment, so that we may know what we are using. A good sample of Ts'ao-wu-t'io is firm and brittle; cuticle, dark brown, and wrinkled; inside, white, and free from worms. When fresh, it has a slight earthy odour and a bitter, acrid taste, leaving a numbing effect on the tongue.

( To be continued. )

### HISTORY OF MEDICAL WORK IN SHAOWU.

By Dr. H. T. WHITNEY.

Shaowu is the extreme N.-W. fu-city of the Fuh-kien Province. Its population is variously estimated from 35,000 to 50,000 and varies considerably each year, the maximum being reached during the tea season. It is situated on the right bank of the middle branch of the River Min, about 30 miles from its source and 250 miles N.-W. from Foochow. The district-cities of Kwantseh, Swinchang, Tsiangtoh, Taining, and Kienning, form the natural peripheral boundary to the Shaowu field in the Fuhkien Province, while the North, North-west, and Western boundaries lap over into the Kiangsi Province, thus affording a population of about one million of people.

The late Dr. D. W. Oscood, in company with Rev. S. F. Woodin and Rev. J. E. Walker, was the first medical missionary to visit this field—in the autumn of 1873. They preached, sold books, dispensed medicine, and performed several surgical operations, such as for cataract, entropium, harelip, pterygium, opening abscesses, extracting teeth, etc.

In 1874 Dr. Oscood and Mr. Walker made a second tour through this region and continued on into the Kiangsi Province, where Dr. Oscood suffered somewhat from a severe blow on the head, given by a man supposed to have been crazy or drunk.

In 1875 Dr. Osgood, in company with Rev. Dr. Baldwin, made a third tour to Shaowu, at which time they purchased premises for a chapel and foreign residence.

One of the present church members there was one of Dr. Osgoop's patients during his first or second visit. All he remembered about it was that he had a double-tooth aching badly, and he went to a Chinese inn and a foreigner pulled out his tooth very quickly, and much to his relief, with some tooth-forceps—a new and strange instrument to him.

In 1876 a small half-foreign house was built, and in the autumn Messrs. WALKER & BLAKELEY with their families moved up to Shaowu, and myself and Walker & Blakeley with their families moved up to Shaowu, and myself and Walker in the following May, 1877. We reached there on Friday the 1866, and I began dispensing on the 22nd, using the chapel and a side-room, and Mr. Walker and Mr. Blakeley alternated in interpreting for me till I was able to get along with the help of my native teacher.

Daring the first year I made two trips into the country, one to Yongkow and one to Tsiangloh hien, each about 80 miles from Shaowu.

The first year's work closed with 2,300 patients seen and some minor surgical operations performed. This was considered a favorable beginning, as the station was newly opened and far in the interior, the prejudices of the people were

rather strong, the climate was new to us and we reached it between the spring ague and the beginning of summer heat, the learning of a new language was before us, and the building of a new house had to be looked after during the first summer.

In 1878 we secured a site and built a hospital and dispensary. The hospital would accommodate from 30 to 40 in-patients, and the dispensary was combined in the same building. But by the last of August, before the hospital was opened, sickness compelled us to go to Foochow. We returned in March 1879 and opened the hospital and dispensary on the first of April. During the rest of the year and January 1880 we received 70 in-patients, the larger half being for the cure of the opium habit, and saw nearly 2,700 out-patients. In February 1880 ill health again compelled us to go to Foochow, and before the time came to return, Dr. Oscood was taken away and I was called to take up his work at Foochow. However, in the autumn of 1881 I made a trip to the Shaowu field, and also spent the winter of 1886-7 in Shaowu and treated about 1,100 patients. The entire number of patients seen is 6,118, and 150 minor surgical operations. From what I could gather of Dr. Oscood's three trips, he must have treated quite a large number and performed a fair number of operations, so that I feel justified in putting the whole number at 6,500 and operations at 200.

This covers, in brief, the medical work of foreign physicians in that field. The manner of carrying on the work was the same as in most new stations. We had the usual difficulties to meet and prejudices to overcome. Great care was necessary to avoid exciting the ill will or superstitions of the people. They reported at one time that I had detained a woman in our compound and made her into medicine, and Mr. Walker leaving for Foochow about that time confirmed their belief in this report, as they naturally inferred he had had a hand in it and was running away to escape the consequences. They were advised to make inquiry at the woman's village to see if it was true before making trouble, and of course found it to be only a rumor. I did not learn about it till sometime afterward, but it shows how new missionaries sometimes come to very serious troubles all through false reports and superstitious notions.

It was considered quite opportune in our going to Shaowu when we did, as there were several inquirers who were using opium but were trying to break it off so as to be admitted to the Church. Some six or eight were patched up in this way and received to Church-fellowship, but they were only parasites and no honor to the cause. Two of them are dead, and only one or two of the others care for the truth or are worthy to bear Christian name. However, God used them to some extent to help others, and I think it helped to give us an earlier start in the work there. We occasionally find one who has been thoroughly converted from his opium to Christianity, but as a rule opium is an angel of death. The effects of this medical work in the Shaowu field it is difficult to

make a separate estimate of, as it was carried on in connection with the work of others and necessarily joined together. In a general way we know it helped to open up the way for preaching the Gospel, remove prejudices, and made the people more friendly and willing to listen to the truth. During our residence there a native doctor from a neighboring village came occasionally to get a few foreign medicines, see Christian books, and observe how the foreign physician did. He afterward became a Christian, and has done a great deal for the cause of Christ in that region. With Mr. and Mrs. WALKER's help they have gathered into the Church forty or more of his neighbors and villagers in that vicinity.

The first medical student educated in that field was a promising Christian young man at first, but after coming to Foochow he fell under temptation and has been a disgrace to the Christian name. At present we have three Christian young men under tuition from that field, who give promise of being useful to the work in a few years. One is a son of the native doctor just referred to, one has acted as helper and colporteur for two or three years, and the other is a son of the first Shaowu helper.

The history of nearly every station has much in it that is checkered, but I think Shaowu on the whole will bear a favorable comparison. It is a very promising field both medically and for religious work. We get much better returns for our labor there than we do in the Foochow field. Large opportunities await the right kind of a physician, and much fruit is sure to follow. Only a small beginning has yet been made, but we are hoping someone will be found soon to resume the medical work in Shaowu.

### EXCISION OF A LARGE, SOFT FIBROMA, 23 lbs. IN WEIGHT.

(With Diagram.)

By ALEXANDER LYALL, M.B., C.M.

The following case, which was under our care in May last, may be deemed of interest as a surgical curiosity. .

A.B., a woman, aged 46, on admission into the Swatow Hospital, was found to be suffering from a large pedunculated tumour, growing from the posterior aspect of the right shoulder just below the spine of the scapula, the huge mass reaching nearly to the hip and being about  $2\frac{1}{2}$  feet in circumference at its widest part. The tumour only involved the skin and subcutaneous tissue, and



had no attachment to the scapula. The isthmus and right lobe of the thyroid gland were also enlarged to some extent, causing slight pressure symptoms.

The thyroid enlargement commenced first about eight years ago. Two years later the tumour on the back appeared as a small lump, and has since then steadily and rapidly increased in size. The patient has never suffered from pain in the tumour and does not feel ill, her general health being fairly good, but mentally she is somewhat childish. The huge mass hanging from the shoulder is, of course, a very great inconvenience to her, its weight being so great that frequently on sitting down she loses her balance and falls backwards to the ground.

The diagram shows the position and shape of the tumour very well. The skin over it was comparatively smooth, except in the parts where escharotics had been applied, and to the touch the mass feels moderately firm and elastic.

Diagnosis.—Soft Fibroma, or, what used to be called, "fibro-cellular" tumour.

The tumour was easily excised. Flaps of skin were first carefully cut and dissected back, and, then, with one sweep of the knife the mass was removed. After removal it weighed 23 lbs.

In such cases the bleeding may be profuse (not always so), but it can usually be restrained by pressure with a large sponge while the bleeding points are rapidly secured with artery forceps.

Another point of importance is that the flaps of skin must be made large. The skin is greatly stretched by such a large tumour, and, on removal of the weight, it retracts, leaving a large surface to be covered by means of the flaps.

The patient proved very refractory. A few days after the operation she could not be kept in bed. Nevertheless the wound, to a great extent, healed by first intention, and patient was well enough to run away from the hospital in about a fortnight, outrunning her husband on the way.

Remarks.—In warm climates it is remarkable to what enormous bulk non-malignant tumours will attain without seriously affecting the general health. These large fibro-cellular tumours, involving the skin and subcutaneous tissue, are not infrequently met with. They are found in the axilla, scalp, labium, scrotum, and wherever the skin and subcutaneous tissue are lax. In my experience the back has been the most favourite spot. In addition to this case, other two large tumours—one weighing 22 lbs.—and several smaller ones—from one to four lbs.—have been excised in Swatow during the past few years. I have also removed from the labia minora of a woman two tumours, one weighing 10 lbs. and the other 1 lb., the larger reaching almost to the knees.

Such patients are generally in middle life, and the growth of the tumour is, in my experience, comparatively rapid. In the present case it took only six years, in the 22 lbs. case ten years, to grow.

Other kinds of large non-malignant tumours are frequently met with, such as Elephantiasis Arabum, Lipoma—a favourite seat of which is the buttocks. I have removed pedunculated Lipoma hanging from the nates, four and six lbs. in weight. Also, cases of growths which answer to the book description of some varieties of Molluscum fibrosum are occasionally seen. These consist not of single pedunculated growths, as in fibro-cellular tumours, but of large pedunculated masses or folds of hypertrophied skin hanging loosely down. I have seen them on the scalp, the back, shoulder and axilla, and in the groin. Sometimes they resemble Elephantiasis growths, but they are quite distinct. They are not accompanied with periodic attacks of fever and inflammation of the lymphatics as in the case of true Elephantiasis.

### ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES-A REVIEW.

By Dr. H. W. BOONE.

A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M.D., Lecturer on Laryngology and Bhinology in Jefferson Medical College, Philadelphia, etc., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators, and Correspondents. Illustrated with Chromo-lithographs, Engravings and Maps. Philadelphia and London, F. A. Davis, 1888. 5 vols., 8vo., pp. xv-2758.

As will be seen from the heading, this is a most elaborate attempt to present the reader with a comprehensive view of the year's progress in Médicine and the allied sciences. The list of Associate and Corresponding Editors contains the names of many men of distinction.

It will be quite impossible in the limit at our disposal to examine the whole work. We shall select some subjects of general interest, and also those which are likely to prove of interest to residents in this part of the world.

PERIPHERAL NERVOUS DISEASES AND GENERAL NEUROSES. By CHAS. K. MILLS, M.D., and J. H. LLOYD, M.D. BERI-BERI.—This is classed as a Multiple Neuritis or Polyneuritis, the word peripheral being discarded. "All nerves are peripheral, and such an expression means nothing unless it is intended to refer to the nerves after their exit from the skull and spinal canal." Pathology.—The brain and cord and their membranes were normal, but the cerebro-spinal fluid had a slight reddish tinge, explained by the terrible death-struggle. The peripheral nerves were normal. Hydro-thorax, pulmonary cedema and congestion were present. In 50 autopsies of Weiss and Zodewyk.

in 47 the heart showed forms of hypertrophy. All striated muscles underwent fatty deneration. The post-mortem appearances are inadequate to explain its symptomatology. Investigation appears to show the existence of a bacillus peculiar to beri-beri. This question is disputed and remains unsettled. That beri-beri is an infectious disease, Weintraus thinks hardly admits of doubt, and many authors are agreed upon this point. WEINTRAUB distinguishes between two varieties of beri-beri, the paralytic, and the hydropic or ædematous, and says that there is sometimes a hydropic paralytic, or combination form. Ninety per cent of these cases, according to VAN LEENT and WEINTRAUB, are of the hydropic variety. Beri-Beri may be either acute or chronic. In the former variety death results in several days or a few hours. The chronic admits of recovery, though this is often prevented by dysentery and febrile complications. "Electrical excitability of the muscles is decidedly lowered in the first stages, and totally lost with the onset of paralysis." This corresponds with the observations of the writer, in a series of cases examined by him. Treatment.-WEISS, LODEWYCK and others recommend the muriate of pilocarpine sub-cutaneously, the latter claiming for it marked diuretic as well as diaphoretic properties. Digitalis, because of the degenerated heart-muscle, must be given cautiously for the relief of the palpitation. Claret and Cognac are given to stimulate and assist digestion. As long as the patient is able, moderate exercise is urged, and after that electrical stimulation of the muscles. More important than all is the removal of the patient quickly from the endemic region to a mountainous district where the disease has never existed. Prophylaxis is the only way in which to meet this disease with success. . . NEURALGIA. DANA .- "True idiopathic neuralgia was a rare disease, making not over 2 or 3 per cent of the various forms of nervous disorder. Symptomatic neuralgias, reflex or transferred pains, and neuralgic pains from toxic causes are extremely frequent, and make up over 10 per cent of the total diseases for which the neurologist is consulted. The distinctions between neuralgic, myalgic and neuro-myalgic pains are important from a therapeutic point of view. In the purest types of intercostal neuralgias anti-rheumatic remedies rarely do good, while the neurotic and anodyne drugs check it very rapidly. A study of the various pains in the back and sides leads to the therapeutical aphorism, viz., plasters are for the back, blisters for the side. This means simply that most side-pains have a predominating neuralgic element, while most back pains are myalgic. . . Treatment of retraction of the palmar aponeurosis. Dupuytren's Contracture.-Kocher reports 4 cases in which it was proved that the aponeurosis was the affected tissue. The skin was divided longitudinally and separated from the diseased palmar fascia and thick, hard projecting knots and cords. The palmar fascia and its offshoots were cut out as far as they were changed and influenced the flexed position of the fingers. advises against postponement of the operation lest ankylosis of the joints occur, and after the operation directs the fingers to be maintained in the extended position. . . ANEURISM. LOOMIS.—The medicinal treatment, as gathered from all sources, may be quite fully summed up in the one word "iodides." In reference to the amount of iodides which should be given, Balfour places quickening of the pulse as an indication of an over-dose. His plan is to place the patient in bed for 3 or 4 days before any of the iodide is given, in order that the heart may settle down to a normal rate, and this is taken as a standard. He then begins with 10 grains and gradually increases the dose, diminishing it at once on any increase in the pulse-rate. When the proper and full dose is thus ascertained, it is continued steadily for from three to six months. He does not consider it necessary to starve the patient. Loomis says: Personally he has little faith in galvanio puncture, or the introduction of any foreign bodies whatsoever into the sac of an Aneurism; he prefers the iodide treatment, combined possibly with ergot in some cases. . . Dysentery. Johnston.-Twenty drops of laudanum followed in one hour by 30 grains of ipecac, with a mustard-plaster to the epigastrium, and no fluid to be swallowed for some hours after taking the dose; this treatment repeated every evening for 3 days is still the most successful method. Treatment by the rectum offers the most rational means of cure; experience is adding to the already large amount of evidence in its favor. Simple irrigation with hot or cold water, or better still antiseptic irrigation, wash out the rectum with water at 100° F., then irrigate with 1 quart 1 in 1,000 solution of perchloride of mercury, then introduce a 1-grain opium suppository. . . Perforation of the Vermiform APPENDIX.-Dr. R. H. FITZ states: Ulceration and perforation of the Vermiform Appendix have been found in a vast majority of cases in post-mortem examinations to have been the origin of the so-called perityphilitic abscesses, the cæcum being intact. In the event of perforation, a circumscribed peritonitis ensues with exudation and suppuration, forming a tumor. The bus may break through the circumscribed boundaries and escape into the general peritoneal cavity and light up a general inflammation. General abdominal pain following iliac pain may be taken as evidence that general peritonitis has supervened, and this, in 60 per cent of the cases, occurred on the second, third and fourth days. Death speedily follows the occurrence of general peritonitis. Laparotomy to be successful must be performed at the very onset of urgent symptoms and, as a rule, not later than on the third day. Dr. WEIR says: "As soon as it can be recognized, pus should be evacuated, extra-peritoneally, if possible, or by a lateral laparotomy, and the cavity drained; that if aspiration fails to detect pus where a tumor exists, it is wiser to make an early extra-peritoneal laparotomy incision; that where general peritonitis is progressing, with any history of right iliac pain, a limited lateral or a median laparotomy, preferably the former, should be made within 48 hours to explore the region of the appendix, and if pus is found it should be evacuated and a drainage-tube inserted without

toilet of the peritoneum." With regard to the treatment of the vermiform appendix, ligature at the base of the appendix and excision should be preferred, union taking place in the stump without difficulty, and it prevents the recurrence of morbid conditions. Colotomy, Inguinal.-Under modern surgical methods, its advantages are ease of performance, exploration of the abdominal cavity in case of doubt as to the seat of the disease or error in diagnosis, the facility with which excision can be done, if found necessary, a smaller wound than in the lumbar operation, more accurate coaptation of the integument and mucuous membrane, owing to the fine structure of the former, and finally the ease with which patients can cleanse themselves. . . Abscess of the Liver .-TRELAT advises "suture of the liver-wound to the edges of the skin-wound. The danger of simple puncture arose from the fact that it was not asceptic." This plan appears to the writer to promise help in wounds with hæmorrhage of the liver. After the suture of the edges of the wound, the wound cavity could be packed with asceptic material. . . Inquinal and Femoral Hernias. The study of the subject leads WEIR to the following conclusions: (1) "That small, reducible and easily controlled hernias can with safety be treated with HEATON'S injection, 30 per cent of recoveries; (2) That in similar hernias in children, in which the use of a truss has failed, HEATON's injection is to be recommended as a particularly successful procedure; (3) That in unmanageable, painful or irreducible hernias, demanding surgical interference, and sometimes those in which HEATON has failed, the radical operation should be resorted to with the sac tucked or tied off, as the surgeon may determine, but with a high and complete suturing of the canal; (4) That where omentum is found in the hernia, it should be securely tied and resected; (5) That the wound in the region of the external ring should be healed by granulation, to afford a cicatricial barrier as an additional factor in the case. In strangulated hernias the radical operation should be performed at an early period. Omental protrusion should always be resected, the stump being carefully ligatured and returned to the abdomen. In cases in which long constriction has produced gangrene of the intestine, an artificial anus should be created and subsequently relieved by laparotomy and resection, or, if preferred, by division of the intestinal spur by the enterotome. Experience has shown that immediate resection of the gangrenous bowel does not give the favourable results obtained after creation of an artificial anus and subsequent resection. . . Supra-Pubic Prostatectomy. -This operation is coming into favor and is highly spoken of by KEYES. . . LOCAL TREATMENT OF THE BLADDER .- ULZMANN, in chronic inflammatory conditions, washes out the bladder with warm water containing a little tinct. opium, 1 per cent of cocaine,  $\frac{1}{2}$  per cent of resorcin or  $\frac{1}{6}$  per cent of carbolic acid. For ammoniacal urine 1 per cent permanganate of potass or three drops Amyl, nitrite in 500 grammes of water. For hamorrhage 10 to 2 per cent silver nitrate in cold water or 50 or 60 drops tinct, sesquichloride of iron in a quart of water. . . Rupture of the BLADDER.-KEYES, quoting HOFMOKL and others, lays down the following rule, "Supra-pubic exploration must become the surgical rule for all cases of vesical rupture, with laparotomy and vesical peritoneal suture if the rupture proves to be intraperitoneal. In the first No. of The China Medical Missionary Journal, March 1887, the writer laid stress on the importance of adhering to the rules above laid down. Cocaine, injected into the urethra, will sometimes relieve retention even in cases of tight stricture. Levis and Keyes cure simple hydrocele by injection of pure carbolic acid. Sajous reports that epistaxis is very often caused by primary disorder of the liver, which can be relieved by blisters applied over the site of the liver when the usual means had failed. In plugging the posterior nares, use asceptic material. . . LEPROSY OF THE LARYNX .- Sir MORELL MACKENZIE reports, as the result of personal studies, that a large number of lepers have well-marked throat affections. A constant feature was enlargement of the epiglottis. . . Chronic Bronchitis .- Dr. Thos. R. Fraser maintains the efficacy of the treatment by the nitrites in the dyspnœa of bronchitis. He prefers nitrite of sodium and also nitro-glycerine. We can only mention an excellent paper, Dietetics in Infancy and Childhood, by Dr. Louis Starr, and an exhaustive article on Diseases of Infancy and Childhood, by Dr. Lewis Smith and his eight co-editors. Dr. Smith's name is a guarantee for the excellence of the contribution. Orthopædic Surgery is treated by Drs. Morton and Hunt. The article on General Therapeutics, by Wm. Pepper, M.D., and J. P. C. GRIFFITH, M.D., is replete with interest. Hygiene and Epidemiology, by Dr. John B. Hamilton. There is a good paper on the effects of heat on the human body. In addition to the usual remedies for heat fever, hypodermic injections of neutral sulphate of quinine were highly spoken of by several authorities. Some interesting points in the anatomy of the brain are discussed by Dr. E. C. Spitzka. Physiology is well reviewed by Prof. H. Newell Martin, M.D., and W. H. Howell, Ph D. Under Technology and Histology, by W. P. MANTON, M.D., will be found an interesting résumé. General Pathology is well handled by E. O. SHAKESPEARE, M.D. China is represented by Dr. ROBERT S. IVV, of Shanghai, Dr. ROBT. COLTMAN, Chian-Foo, Dr. H. H. McCandliss, Hainan, Dr. H. T. Whitney, Foochow, while honourable mention is made of the method of reducing luxation of the shoulder-joint, proposed by Dr. McLEOD, of Shanghai, and Dr. KERR, of Canton, is frequently quoted as an authority by several of the editors. There are some good maps, some very fine chromo-lithographs from German sources, while engravings and lithographs are interspersed throughout the work. The article on General Pathology has some good plates, both plain and colored, from English and French sources. The index, under the three heads General Index, Therapeutics, and Authors Quoted is convenient and facilitates ready reference. Some of the articles in this work are of very great merit, many are interesting, while only a few are hardly up to the required standard. In concluding our task, we may say that *The Annual* is a valuable book. In these days, when it is the fashion to have our knowledge (like foods) pre-digested, we can safely turn to its pages and find much solid information to help us in our daily struggle with disease and death.

### CORRESPONDENCE.

PROPERTY COME

### A DONATION OF MEDICAL BOOKS,

Dear Dr. Gulick,—While I was in New York, last year, Mr. Wood, the well-known publisher of Medical Books, presented to our library a very valuable set of the works published by his house.

He also gave me a number of duplicates. Most of these have been forwarded by me to various medical missionaries in China.

There are still on hand some thirty numbers of Practical Medical Anatomy, by AMBROSE L. RANNEY, A.M., M.D. Any medical missionary can obtain one of these books—(octave, 360 pages)—by applying to me and paying the postage on the volume.

I propose to send a package of these books to Dr. ROBERTS, Tientsin, Dr. LYALL, Swatow, and to Dr. KERR, Canton, for distribution among their medical neighbors.

> Yours faithfully, H. W. BOONE.

MEETING OF THE MEDICAL MISSIONARY
ASSOCIATION.

Now that it is decided to hold a General Conference in 1890, the time will be favorable for the first meeting of our Association; and as it will then be in the fourth year of its organization, it is taken for granted that every member will desire a meeting. New Officers are soon to be chosen, whose terms will extend through 1890, and arrangements for the meeting will be made by them. It seems advisable, however, that we should begin at once to select subjects and writers, and I suggest that, in accordance with the plan for the General Conference, each member of the Association propose subjects and suggest writers, the letters to be addressed to the Secretary, Shanghai.

J. G. K.

RESOLUTIONS REGARDING DR. MCKENZIE, At the meeting of the Shanghai Medical Missionary Association, June 12th, 1888, the following Resolutions were passed:—

Resolved, that in the death of Dr. J. KENNETH MCKENZIE, of Tientsin, the medical profession and the missionary cause have lost an able and beloved representative.

Resolved, that while the ways of Providence seem mysterious in his premature death, we know that it is well with him, and that his work is still God's work.

Resolved, that we offer to his relatives and friends, and to his native associates, our sincere sympathy.

Resolved, that a copy of these Resolutions be sent for insertion to the China Medical Missionary Journal, and also that a copy be sent to his family.

### RESOLUTIONS REGARDING DR. YATES.

At the monthly meeting of the Shanghai Medical Missionary Association, June 12th, the following Resolutions were passed:—

Resolved, that in the death of Rev. Dr. YATES, this Association, of which he was an honorary member, feels the loss of a personal and honored friend.

Resolved, that his long life of usefulness as

a foreign missionary is an incentive and an encouragement to all who love the cause of his Lord and ours.

Resolved, that to his widow in these sad days, to his daughter and friends, we would offer our warm sympathy in heart and word.

Resolved, that a copy of these Resolutions be sent to the family of Dr. YATES, and also to the China Medical Missionary Journal for insertion.

### THERAPEUTIC NOTES.

### OU. OF PEPPERMINT AS AN ANTISEPTIC.

In the Lancet of March 17th and 24th, 1888, Dr. LEONARD BRADDON describes some interesting investigations which he has made on the subject of "Oil of Peppermint as an Antiseptic, and as a remedy in Phthisis and Diphtheria." In a series of experiments he found that solutions protected by Peppermint remained longer free from decomposition than solutions protected by various other antisentics, including corrosive sublimate, carbolic acid, and iodoform. He has used it as a dressing in surgical cases, such as resection of tuberculous knee-joint (which healed without any rise of temperature or a drop of pus), strangulated hernia, etc., and found that it answered his purpose well. For minor operations a preparation of olive oil containing a few drops of oil of peppermint is used, in which to soak the lint. He has also used a gauze prepared like eucalyptus gauze, strength 1 in 100, with great satisfaction. This gauze has retained the odour of the peppermint for nine months as freshly as when prepared.

Oil of peppermint can be used in any strength, in any quantity, without ill results to the patient. It is readily diffusable, but does not evaporate so speedily as to be rapidly exhausted. He thinks it checks suppuration,

With reference to its use as a remedy in parasitic diseases, he points out that one of the chief drawbacks to the successful treatment of these diseases is the fact that most of the "microbicides," which are successfully applied for the destruction of germs outside the body, cannot be taken in sufficient strength internally. Oil of peppermint is free from this objection, and may be found an efficient external and internal antiseptic. Koch found that, "1 in 300,000 solution of this drug arrested the development of spores, and that the vapour very quickly killed both spores and bacilli." In Phthisis he gives inhalations of the pure drug, applied by means of a MACKENZIE nasooral inhaler, for hours daily; 10 drops of the oil being placed on the cotton-wool at a time and renewed every few hours. In one case the bacilli disappeared from the sputum, and the patient recovered.

### CONIUM IN RECTAL PAIN.

The succus conii made up as an ointment gives great relief in rectal neuralgia, pruritus, and painful fissures.—Dr. WHITTLE in the Practitioner,

### CODEINE IN ABDOMINAL PAIN.

Dr. LANDER BRUNTON finds that codeine in ½ to 1 gr. doses is very successful in relieving abdominal pains of various kinds.

#### FOR MEGRAINOUS HEADACHE.

20 grs. of sodii salicylas with 2 drachms of granular eff. citrate of caffeine in a wineglassful of water on getting up in the morning. It may be repeated in an hour.— Dr. LITTLE in the N. Y. Mediyal Record.

### CENTIPEDE BITES.

A Hongkong resident writes to the China Mail that, one day in passing through the native part of the city, his attention was attracted by a small Chinese child who was crying most vigorously, and on inquiry found that the child had been bitten by a centipede. The mother forthwith appeared, and taking the saliva of a fowl, she rubbed it into the wound on the child's hand, with the result that the pain was relieved almost immediately.

### TREATMENT OF CAROTID HÆMORRHAGE.

TREVES (Lancet, January 21st, 1888) is of the opinion that the ligature of main arteries to arrest bleeding in distant parts is often somewhat blindly advised and possibly too frequently carried out. The value of temporary compression of the main artery for such hemorrhage has been demonstrated in the limbs, hence he suggests its application in the neck by exposing the artery and loosely tying around it a thick piece of soft catgut. By pulling upon the loop the circulation through the vessel is arrested, but is at once restored when the tension upon the loop is relaxed.

In answer to question, Dr. RICHARDS (of Children's Hospital, Birkenhead) says: "It is believed that the infection of whoopingcough lasts six or eight weeks after first manifestation of disease, and that recurrence of cough after this period is unattended by risk of infection. This view is acted upon in the hospital.—British Medical Journal.

#### IPECAC. IN HÆMORRHAGE.

BERNABEI, (Boll. del. sci. med. di Siena; Gazz. med. ital. Lombard,) feels confident of always being able to check phthisical hæmoptysis within a few hours by giving two grains of powdered ipecac, every fifteen minutes.

## THE TREATMENT OF SCARLET-FEVER BY CARBOLIC ACID; A PROPHYLACTIC AND CURATIVE MEASURE,

This treatment the author has been using now for several years, and the article embraces an experience of nearly three hundred cases. No case has been fatal; only three cases of albuminuria have occurred. only one of glandular suppuration, and none of aural or nasal complications; none of secondary fever or cardiac disease. A rapidity of recovery in severe cases not before seen has been obtained. He administers carbolic acid, liquefied by the addition of 10 per cent. of water, freely diluted in ayrup of orange-peel and water. To be efficacious it must be given early in the disease, at short intervals, and in full doses. Three minims of the acid are given to children every two hours day and night for the first three days; after that the interval may be lengthened. To adults the dose given is five or six minims; he has given as much as eight minims, but considers that a maximum dose. It should be given up to the point of producing deep discoloration of the urine. If this is not produced we may be sure the patient is not getting the doses ordered. Failures with the method result from its being begun too late or too small doses being given. The drug is also administered in smaller doses, one minim three times daily, to the other members of the household who have not had the disease. This is stated to be an efficient prophylactic even where intercourse is not prohibited .- ARTHUR WIGGLESWORTH, Lancet, October 8th.

## The China Medical Missionary Jouqual.

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No. 3.

### THE SANITARY CONDITION OF CANTON.

The prevalence, for two or three years, of fever in a violent form in Hongkong, the recent small-pox epidemic, and the present outbreak of cholera there, have agitated the minds of officials, physicians and people. A Commission was appointed to investigate the origin of the fever, and the papers discuss the water-supply of the Colony, its drains, latrines and rubbish-heaps; and various opinions have been expressed as to the origin of these diseases, which have claimed so many victims.

This agitation in Hongkong, located on the sea-coast, with its water-supply and drains, its Colonial Surgeon and Inspector of Nuisances, its European and native police, has set us in Canton to thinking; and the first thought that occurs is that Canton, an inland city, with ten times more inhabitants than Hongkong, has no water-supply and no drains, no official surgeon, no inspector of nuisances, and no municipal government to look after the health of the people or the cleaning of the streets.

We propose to take a glance at the condition of Canton as to sanitary requirements, and contrasting it with Hongkong, ask the question, To what extent does Canton suffer for the want of modern sanitary measures? or, in other words, Do sanitary measures limit disease in populous cities? Doubtless a lesson is to be learned from the condition of this and hundreds of other cities and towns in China where generation after generation has passed without the benefit of sanitary measures which are considered so essential in Western cities. In the one, millions of dollars are spent under the direction of the ablest scientific men, with a view to promote the health and comfort of the people, and to ward off disease. In the other, no attention whatever is paid to the subject. The question presents itself, Wherein do the results as to health differ?

It is impossible to arrive at the relative proportion of disease in these as compared with Western cities, by reason of the entire absence of statistics, but a long residence in Canton has given me an approximate knowledge of the prevalence of disease.

Canton is situated on the N.-E. border of the great delta formed by the convergence of the three rivers of the Province, which come from the east, north and west, and commingle their waters through numerous branches,

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before they enter the ocean, making this delta one of the finest and best-watered plains in the world. Its extent is nearly 100 miles southward from Canton and about 70 miles to the westward.

The S.-W. Monsoon blows over this delta from the China Sea during the summer months, modifying the heat, which ranges from 85° to 90°, occasionally going up to 95° or 96°. When typhoons prevail in the China Sea, the mercury falls to 80°. In the cold season the temperature at the lowest is down to the freezing-point, but generally ranges from 40° to 50° or 60°.

From October to February or March there is usually little rain, and the atmosphere is dry. From March to June is the rainy season, and at times the atmosphere is saturated with moisture. Thunder-showers are common during the summer months.

The tide at Canton rises and falls about five feet, but the water in the river is fresh, except when a strong easterly wind prevails.

The city is situated on the N. bank of the Pearl river, 95 miles from Hongkong and Lat. 23° 7' N., Long. 113° 15' E. The ground is for the most part level, and few places have fall enough for good drainage.

There are three canals running into the city from the south side, following the course of the walls, and forming moats. Besides these, canals enter the western suburbs (the most densely populated part) from the west side, the whole making an aggregate of over eight miles in length. The canals are receptacles for offal and rubbish from the houses and shops on their banks, and at low tide their bottoms present miles of black, reeking filth,—the decomposing animal and vegetable matter which the slow current cannot wash away.

The part enclosed by walls is built on a slight ridge gently sloping towards the south and north, but the streets running east and west are level. The suburbs on the south and west are level or nearly so.

The city of Canton is an irregular parallelogram, the long axis of which runs from Wong Sha to a point on the eastern wall opposite the home for old women, measuring three miles. The transverse diameter averages one and one-half mile, giving a space (excluding the suburb on the S. side of the river) of four and one-half square rules. Estimating the population at 1,500,000, we have 333,333 persons to the square mile, or  $83\frac{1}{2}$  square feet to each person. The space taken up by yamune, temple-grounds, ruins in the Tartar quarter, the city wall, etc., reduces the actual space occupied by, say, one-third, which gives  $55\frac{1}{2}$  square feet to each person.

The streets take up but little space compared with those of Western cities. They vary in width from five to eight feet, a few being twelve or fifteen, the sides of which are often occupied by stalls of traders.

It is stated above that there are no drains in Canton. There are ditches in most of the streets, one or two feet wide and deep, walled up with loose brick and covered with the granite slabs of the pavement, but it would be an abuse of language to call them drains. The streets being level, there is no fall to carry off water. It is seldom that they are cleaned out, and are usually choked with matter washed into them from the street and deposited from the refusewater of the shops and kitchens. Animal and vegetable matter deposited in them give rise to the formation of gases which escape through the crevices of the stones. The only purpose they can serve is as cess-pools through which rain-water and refuse-water from the shops and houses percolate into the porous earth.

On the sides of many of the narrow streets there are uncovered ditches filled with rubbish and filthy water, the surface of which is covered with bubbles, showing the chemical processes in operation beneath. These stand the year round, and it is only during the time of heavy rains that one can pass them without imagining or realizing unsavory odors.

There is no public provision for cleaning either streets or ditches, and when it is done it is by the owners of shops, who of course attend only to the parts in front of their door; and when sections of the ditches are cleaned, no attention is paid to opening an outlet to the river or canal.

In the open courts of the larger houses, and in the rear of all, there are cesspools walled up with loose brick and covered with stone, which serve the purpose of carrying off the rain and refuse water. They too become filled with insoluble matter washed into them from day to day, and are rarely cleaned out, being in the same condition and serving the same purposes as the street-ditches.

It is to be noted that fecal matter and urine do not get into these sinks or street-ditches, but from the latrines a considerable portion of urine percolates into the earth and mixes with surface-water.

The water for cooking and household purposes is derived from three sources; 1st, Wells, public and private; 2nd, the River; and, 3rd, Springs. The latter are on the N.-E. side of the city and afford only a small quantity of water, which is used exclusively for making tea and boiling opium.

The river-water is used by a small part of the population living near to the banks. It is impure from the refuse of the large boat population, and from the wash of the canals which run into it from the city, and from bodies of children and animals thrown into it.

By far the largest part of the water-supply is derived from wells which are from four to ten or fifteen feet deep, and, of course, contain nothing but surface-water. A great part of this surface-water is the refuse-water which has been used by the million and a-half people, occupying four and one-half square miles. It percolates through the filth of the sinks and ditches, and then through soil which has been saturated for centuries with animal, vegetable and saline deposits. It is then received into the thousands of wells, from which it is drawn, used and

poured out into the same ditches and sinks to go on another round for the use of the same population. It requires no chemical examination to show that it is charged with impurities which unfit it for use. During the rainy season the streets and ditches are flooded, and much of the impurities is washed away, and the well-water is then less charged, but for some months no heavy rains fall.

Water is brought in boats and sold as spring-water, but it is for the most part river-water.

The latrines, or public water-closets, are an important institution of Canton. These are numerous all over the city, and have rows of stalls on two sides, with a platform 18 inches high, and underneath a bed of sand to receive the feces, while the urine is received into a drain which carries it into sunken vessels. The stalls are cleaned after each occupant, and the offal, both feces and urine, are carried away every day or two and utilized in the fields. These latrines are private property and afford an income to the owner from the sale of the proceeds. They are not controlled or regulated by officials.

In private houses covered wooden vessels are kept, which are emptied at stated times and the contents utilized as above.

The occupation of people has much to do with health. The residents of Canton are merchants and traders, artisans, and literary men. In every shop work of some kind is going on, and as the climate admits of open doors the majority of the people live and work in well-ventilated rooms. The females of the wealthier families are to a great extent secluded, but their houses are open, so that light and ventilation are secured, while the custom of binding the feet, and sedentary occupations, exert an unfavorable influence on health.

The custom of burning incense at all the shop-doors and at the house and street altars morning and evening is supposed to exert some counteracting influence to noxious gases, but the smoke from incense differs in no important point from ordinary smoke, and its effects are only that of so much carbon in minute particles.

From the above sketch we see that the City of Canton, located on the border of the torrid zone, with more than a million of inhabitants, dwelling in a space of four and one-half square miles, is absolutely destitute of all the sanitary appliances which modern science pronounces essential for the public health of cities.

Not only so, but it contains a population three times as dense as that of any Western city—(London has 1,000,000 to 11 square miles)—with impure water for all purposes of food and drink, with ditches all over the city, choked with decomposing matter, and offensive smells abounding so as to become the by-word of all travellers.\*

<sup>\*</sup> Canton is said by travellers to be one of the cleanest cities in the Empire.

Notwithstanding all this, the opinion which I have formed, after a residence of more than 30 years, is that Canton is not more unhealthy or more subject to epidemics than Western cities generally. The entire want of statistics will admit of my giving an opinion only, but having been all these years in charge of a large hospital, and having medical assistants and pupils living and practising in different parts of the city, I have had opportunity of forming an opinion approximating the truth. Epidemics prevail at times, but not in more violent forms than in Western cities. Cholera now exists and has for some weeks, but not so severely as it has at the same time in Hongkong. During the last two years fever has prevailed to such an extent in Hongkong as to require the appointment of a Special Committee to investigate its origin. Fever has existed in this city and in other places, but not to an unusual extent.

It is not my purpose to enter into a discussion of the points of sanitary science raised by the facts of this paper, but I will state what appear to be reasons why this city is as free from disease as it evidently is.

1st.—The tide rises twice in the 24 hours, and washes out the canals and the river-bank.

2nd.—The shops and houses are so open that good ventilation is secured, and the majority of the male inhabitants have occupations which give them exercise.

3rd.—Notwithstanding the opinion to the contrary usually entertained, the great mass of the people have a fair supply of good, nutritious food, consisting chiefly of rice and vegetables with a moderate or small proportion of animal food. Water is never used as drink without boiling (to make tea), and the food, as a rule, is thoroughly cooked. (It is to be noted that milk, butter and cheese are not used.)

4th.—The shutting of street-gates requires all to be in doors at or before 10 p.m., and regular rest is thus secured. No theatricals or assemblies of any kind are held at night.

The experience and observation of foreigners who have lived in Canton may be appealed to in evidence of the general healthfulness of the city. In answer to several questions, Mr. Theo. Sampson, head master of the Government school, and for more than thirty years a resident here, after describing the cess-pools and ditches very much as is found in this paper, makes the following statement:—
"I have lived very nearly five years in a Chinese house (inside the city) with no upper floor, but with only a tiled ground-floor, situated in the Tartar quarter of the city, and during the whole time I have enjoyed excellent health, and I am not conscious that my general constitution has been in the slightest degree affected by my sanitary or insanitary surroundings."

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### IN MEMORIAM-DR. WM. YOUNG.

WILLIAM YOUNG, M.D., of Hongkong, died, July 21st, after an illness of some weeks' duration. Dr. Young was an active member of Union Church, Hongkong, and had that Christian spirit which made it a delight to do good. Although not nominally a Medical Missionary, he was one in fact, as the record of his life shows. The China Mail, in a lengthy obituary notice, says: "The death of Dr. Young is a great loss to the Colony. Few men realized more fully than he did the noblest conception of his profession. He did not look upon it as a means of making money. The one great object of his life was to relieve suffering, to cure sickness and to soothe the pains of rich or poor irrespective of what return might accrue to him. He had perhaps the largest practice in town, and it is no exaggeration to say that a fourth part of his work was done gratuitously. . . . Some years ago he associated himself with Mr. H. W. Davis and other gentlemen in the establishment of the Dispensary at Tai-ping shan, out of which grew the present Alice Memorial Hospital. . . . His presence will be greatly missed in Union Church, of which he was a leading member for many years."

Another writer in the China Mail says:—"In the death of Dr. Young this Colony has lost one of her best men, whose high principle, lofty aims, whole-souled charity and spotless life can ill be spared from this community."

Such is the tribute to a Christian physician when he is called from his work on earth to his reward in heaven. His labors for sick and destitute Chinese deserve recognition from all philanthropists and especially from Medical Missionaries, who rejoice in all that is done to benefit this heathen people.

J. G. K.

The death of Dr. Wm. Young, of Hongkong, July 21st, is not only a great loss to the Colony, but to our cause of Medical Missions as well.

His ear was ever open to the cry of the suffering, and he did much for the Chinese, a midnight call to such an one acting in some measure as a cause of his death. It is said a fourth part of his work was done gratuitously. Largely instrumental in establishing the Hongkong Tai-ping shan Dispensary in 1881, he there attended a large number of patients and was on the original Committee for the establishment of a Hongkong Medical Mission. Out of these grew the Alice Memorial Hospital, in which Dr. Young played an active part in the wards and on the Finance and Medical Committees, and the College of Medicine, where he was lecturer on obstetrics and gynecology. An earnest Scotch Presbyterian, he was a leading member of Union Church during quite a number of years, having arrived in 1878 to take his brother's practice.

Dr. Richard Young, in 1875, with Dr. Kerr some months earlier, were the first, it is said, to attempt ovariotomy upon the Chinese, though neither case was then carried to completion. Dr. Wm. Young going early to Canada there graduated in medicine, was later Professor in Montreal University, and there leaves an invalid wife. A marble tablet to his memory in Union Church is now proposed. With much of the above information the China Mail also gives us the following sympathetic verses, which allude to his having died alone with his boy on the Peak.

He who so kindly saved the poor from death, Who even whilst ailing did his noble task, He is no more! How many hearts are gloomed, How deep the grateful thoughts that now awake, In honour of his well-known, hallowed name! A cruel irony of fate indeed That such a one should die in solitude, Without the help he had been wont to give, Without a friendly tear to bid good-bye. No more will that kind voice bid patients hope, So unassuming and so gently kind. And how the helpless heathen now will miss The godly man who, healing with one hand, With t'other helped them in their misery! He did more than his duty, and has gone To reap his well-earned recompense in heaven,

J. C. T.

### NOTICES OF BOOKS.

PSILOSIS OR "SPRUE," ITS NATURE AND TREATMENT. By GEORGE THIN, M.D.

J. & A. CHURCHILL, London. Pgice 1s. 6d.

It is now eight years since Dr. Manson published a paper on "Sprue," as observed in Amoy, in the Chinese Customs Medical Reports (Oct -Mar. 1879-80). He was the first, so far as we know, to call attention to the fact that this disease, so common in the Straits Settlements, is also met with among foreign residents in China. His article excited a considerable amount of popular interest in the subject, and now one is not unfrequently asked in cases of the ordinary simple affections of the mouth and tongue if the disease is Sprue, and great is the relief

of the patient on being told that it is not. It must be said, however, that among medical men generally in China the disease is not at all familiarly known. This may be due to the fact that it does not occur among the Chinese, and that, except in the larger European settlements, it is not often seen among foreigners. The literature, also, on the subject, so far as China is concerned, is very limited and not very accessible to the majority of the profession. That the disease is not only met with but also originates in most of the southern ports is undoubtedly true, and it is likewise possible that the milder forms of this affection, or cases in the early stages, may have been sometimes overlooked.

Dr. Thin's contribution is a welcome addition to the literature on the subject. It is by no means exhaustive and does not pretend to be so. There is no attempt made to elucidate or to formulate any theory as to the pathology or etiology of Sprue. It gives a succinct and accurate account of the clinical history of the disease, and it will prove a most serviceable guide to those who wish to make themselves acquainted with the character of this affection, as it is at present known. Dr. Thin's pamphlet is essentially and professedly narrative or descriptive in character. A short sketch is first given of the disease as it appears in the climates in which it is endemic, the material being chiefly taken from the writings of Manson, Van der Burg, and Fayrer. Then follows a careful and lucid description of the symptoms, clinical history, and treatment of the disease as it is seen in London in the persons of patients who have been invalided home for this affection. A number of illustrative clinical cases are fully reported, and these are most helpful and instructive. The treatment which Dr. Thin has found most useful is also pretty fully described.

Sprue, or Psilosis—a name coined by Dr. This from ψίλος, bare, expressive of the fact that the leading feature of the disease is a rawness or bareness of the tongue and intestinal mucous membrane—is most prevalent in Java. It is also frequently seen in the Straits Settlements, and in India it is commonly known as "Hill Diarrhœa," "white flux," etc., but under these terms other forms of chronic diarrhœa besides Sprue are also described.

That Sprue is a disease sui generis is now generally admitted. When the disease has become firmly established it is hardly possible to mistake it, but in the early stages it is occasionally not so easily differentiated from ordinary gastro-intestinal catarrh. More definite information with reference to the onset of the affection is still a desideratum. For such information we must look to observers in the fields where the disease qriginates. This quotes Manson as saying, that, "when he gets a history of sore mouth, irregular bowels, and wasting, unconnected with visceral disease, he diagnoses Sprue." Van der Bung sets the greatest value diagnostically "on the shrinking of the liver and concomitant affection of the mouth as distinctly marking off Indian Sprue from other gastro-intestinal catarrhs." Dr. Thin says it differs from dysentery "in the absence of

nearly every characteristic symptom, notably in the absence of straining, tenesmus, blood and nuccous in the evacuations, and symptoms of acute localised inflammation in the large intestine." It differs from diarrhoea in so far as the disease may be established and the diarrhea be scarcely appreciable; and when it is present, to some extent in its remissions and in the character of the stools." The special symptoms of Sprue indicate "an irritable, defenceless condition of the whole mucous membrane from the mouth to the anus, not characterised by destructive inflammation or by ulceration, but by rawness, tenderness, and eventually by atrophy." These indications are satisfactory so far as they go. But as it is very important for the patients' sake that the affection be early detected, it is desirable to have the early indications of the disease more clearly defined. One question naturally suggests itself, namely, Is the disease sui generis from the first, or is the special condition superadded in the course of an ordinary gastro-intestinal catarrhal attack or of some other disease? Most of the evidence at present points to its being protopathic, but some observers have known it to follow an attack of dysentery, and such operations on the rectum as for fistula and hæmorrhoids.

There is very little known of the pathology of Sprue and still less as to its etiology. This has isolated thirteen distinct organisms from the motions, seven being micrococci and six rod-shaped bacteria, and has made cultivations of all of these, the medium used being neutral meat-peptone gelatine. He lays no stress on the result of these investigations, as lack of time and leisure prevented him from carrying them out to any satisfactory completeness. Careful investigation along this line is desiderated. It might result in discoveries which would throw a flood of light on various points about which nothing is known at present.

It is difficult to give, in a short space, anything like an accurate résumé of the disease, as depicted in this pamphlet, as the severity of the symptoms vary so much. Thus, patients are met with who "on superficial observation appear to be perfectly well," while "others exhibit the appearance of persons fatally stricken by some wasting disease." But perhaps a few quotations from Thin's review of Manson's and der Burg's writings will be useful and will afford some idea as to the character of the disease.

Sprue is an extremely chronic, insidious discase, peculiar to warm climates, and confined to adults who have lived for a number of years in the East. The principal symptoms, according to Manson, are referable (1) to a remitting inflammation of the mucous membrane of the mouth and alimentary canal generally; (2) to diarrhosa and irregular action of the bowels; and (3) to anaemia and general atrophy.

During an exacerbation the tongue is swollen, the papillæ are red and elevated, and there are shallow ulcers on the cheeks, tongue, and lips, accom-

panied with salivation. When the disease is fully established, eating or drinking anything but the blandest of foods is impossible. Swallowing, also, may be painful, owing to the inflammation extending down the esophagus. The acute stage lasts from two or three days to a week and frequently recurs. During the intermissions the tongue is small, red and raw looking, appearing as if denuded of its epithelium. There is periodic diarrhea, associated with inflammation of the mouth, the stools being pale, clayey, and frothy. They retain this character between the acute attacks. There is often inflammation or irritation around and inside the anus. There may be vomiting, and discomfort in the belly. As the disease advances the patient becomes anæmic and has a withered, shrunken, old appearance. The liver shrinks with the general atrophy, but there is no organic disease.

VAN DER BURG divides the course of the disease into three stages. In the first stage there is slight gastro-intestinal catarrh, manifesting itself by irregularity of the bowels, general malaise, and slight affection of the mouth. The epigastrium is somewhat swollen with gas which is being constantly eructated along with a fluid which burns the gullet and pharynx. The tongue shows on careful examination on the base and point injected papillæ clavatæ. The patient looks well and is not fevered. In the second stage the gastro-intestinal catarrh is prominent and the condition of the tongue is characteristic, Red specks cover the whole surface and become confluent, the roughness of the papillæ, and the epithelium disappear, so that the tongue presents a smooth, glossy, red mass, resembling raw meat. The redness of the tongue is an indication of the general condition of the mucous membrane of the alimentary tract. The patient becomes anæmic, emaciated, and suffers from constant flatulence and from irregularity of the bowels. The liver shrinks. There is no fever. The patient may not look very ill, but there is great muscular weakness and, occasionally, mental depression. This stage may last months or years.

The third stage is simply an exaggeration of the second with signs of general exhaustion. Wasting, vomiting, flatulence and more diarrheea are the chief symptoms.

The prognosis is extremely unfavourable, and nothing but an early return to a colder climate will check the downward progress of the disease.

In the treatment of Sprue, drugs have proved of little value. Dr. Tein has found small doses of rhubarb and epsom-salts occasionally useful, chiefly as a stimulant to the liver. Careful regulation of the diet and general care give the best results. The principles of treatment are,—to give in every possible way rest to the affected mucous membrane. In accordance with this principle, one important point is that nothing should be swallowed that is likely to pass downwards undigested and unabsorbed. The patient should be put on a milk diet, but in many cases some farinaceous food, as arrowroot, may be added. Of

course, so far as patients in China are concerned, the only treatment that will do any permanent good is an early return to the home climates and the earlier this is done the greater chance there is of a permanent recovery.

The profession in China are greatly indebted to Dr. Thin for spending so much time and labour in investigating this disease, and the following request which he makes should not be passed unnoticed. He says:—"If it falls to the lot of any medical man to make a post-mortem examination in a case of this disease, and he has not leisure or means to make histological examinations, I shall be indebted to him if he will send me portions of the bowel, cesophagus, liver, and stomach, some parts being preserved in ordinary alcohol and some in a two per cent solution of bichromate of potassium."

A. L.

Verzeichnis von Abhandlungen (Dissertationen, Gelegenheitsschriften, etc.,) aus dem Gesamtgebiete der Medicin und Tierheilkunde herausgegeben und zu beziehen von der Zentralstelle für Dissertationen und Programme von Gustav Fock in Leipzig, In systematischer Anordnung. Preis 50 Pf. ( $\frac{1}{2}$  Sh.). Leipzig, 1888.

This is a Catalogue of 5,983 dissertations and pamphlets, etc., covering the whole field of medical science. By its perspicuous arrangement under six heads, each of them being again divided and subdivided, reference is made very easy. Those who know the great value of a short and exhaustive examination of one particular question, which is scarcely possible in the best larger works, will gladly avail themselves of this Catalogue. They may be sure to find, in one or another of the pamphlets enumerated there, the best possible answer modern science is able to give to any difficulty they may have met with in their studies as well as in their professional practice.

E. F.

POCKET THERAPEUTIC NOTES ON NEW DRUGS AND REMEDIES, 1888.

Issued by Messrs, Ferris & Co., Bristol.

This work contains a list of all the very recent drugs that have come before the profession within a short time past, and it is certainly a valuable little book, from the fact of its conciseness and completeness. It not only gives the names of the drugs, the dose, mode of administration, action, and in the case of poisons the antidote, but, in not a few cases, notes from the pens of well-recognized physicians.

This little book, of 157 pages, is but six inches long by a trifle more than three inches wide, of a very convenient size for carrying about, and many would do well to avail themselves of this opportunity of knowing not a little of these new remedies in a very short space of time.

The latter part of the book is devoted to antiseptic dressings, of which there are a great many varieties, each and all no doubt possessing special virtues.

Prices of these dressings, together with the prices of all drugs in whatever form represented, will be found within the lids of this interesting production of Mesers. Ferris & Co.

E. R.

### HOSPITAL REPORTS.

### MISSION HOSPITAL AT SWATOW.

This hospital is in connection with the Presbyterian Church of England, and has been under the care of P. B. COUSLAND, M.B., C.M.

### " Number of Individual Patients.

27 (01700)	,				•
" In-patients " Out-patients			•••		3,242 2,130
Tota	al				5,372
"Females inclu	ded in	above			933
" Cases seen ou chiefly by Ser	t of Dis	spensa ssistan	ry hou ts, abo	rs, }	2,000
"Daily average	numb	er of I	n-patie	nts	174
"Average atten on Dispensar	dance v days	of Out	-patier	its }	53

"Some Chinese merchants have helped us very much by putting in my hands a supply of rice and eash tickets, which can be converted at their shops, the one into rice and the other into twenty-five eash to buy meat and vegetables with. The chief donor of these tickets—the head of the Tan-nguanseng hong—has this year shown farther interest by paying the passage home of those patients who had stayed at the Hospital until their money was exhausted.

### " Educational.

"Four afternoons in the week were devoted to teaching the junior assistants and students, seven in number. Three of these were bound to the Hospital for a period of three years, their parents guaranteeing all their expenses, a fourth was an ex-student whose three years had expired, and whom we supported for another year that he might finish his curriculum, and the rest were paid assistants.

"At the end of the year two young men left who had been with us for six and four years respectively. They will be the means of relieving much suffering, and, if they use their opportunities well can be a great help to the progress of the Gospel in the cities in which they have settled.

### " Evangelistic.

"The results of Hospital work from a missionary point of view are not always very apparent, but we have never lacked encouragement in disseminating Christian truth among the patients.

"At the meeting for inquirers on Sunday afternoon there are always some who profess to have given up heathenism and accepted Christianity, and of these last year at least three men and three women were admitted into the church. In addition, it should be noted that among the whole number baptised by the missionaries during the year, there were several who were friends or relatives of converts who first heard the gospel in the Hospital.

"It is worthy of notice as showing the widereaching influence of our work, that the number of villages, towns, etc., from which patients come is about 1,800.

### " Surgical Operations.

Owy y wow of the contract	
"On the Eye :	488
"On the Body generally.	357
"Total number of operations	863
"Extracting teeth	117

A considerable number of minor operations, such as opening abscesses, extracting loose sequestra, catheterization, setting fractures, etc., are not included in the above list.

### "Spirit Drinking.

"Of 1,709 adult males whose habits as to spirit drinking were ascertained, it was found that 57 per cent took it occasionally—when they could get it, some said—36 per cent denied taking it, and 7 per cent confessed to the daily use of it. The average daily quantity consumed by the last class was eleven ounces, the amount varying from two ounces to the liberal allowance of thirty-two ounces. The spirit used was generally the cheap rice whisky, and it seems to be the custom to take it in the evening. While it is an extremely rare thing to see a Chinaman the worse of liquor, and I have never net with a case of true chronic alcoholism, yet one is called upon every year to treat a number of patients whose complaint has been brought on by the habitual use of alcohol, or rather I should say of native spirit for it is newbally were impure stuff

spirit for it is probably very impure stuff.

"Fourteen per cent of the adult male patients had been abroad, the great majority having been to Singapore, and the others to Penang, Siam, and Annam. The average duration of their stay there was five years. Unfortunately they are seldom benefited physically or morally by their visit to foreign parts, the proportion suffering from syphilis, and more or less complete blindness from gonorrhosal ophthalmia being

very high."

#### PEKING HOSPITAL REPORT.

E. T. PRICHARD, M.B., C.M., is in charge of this hospital, which is connected with the London Missionary Society.

"We have had, during the past 19 months, 26.259 visits marked upon the hospital register, representing 13,206 separate cases.

"Most frequently our patients are drawn from the lower classes of society. We have often been consulted, however, by officials at Dispensary, or at our own house. The most distinguished during the year was H. E. Sun, instructor of the emperor.

"In serious cases, when patients are not well able to be brought to hospital, and when they indicate their willingness to carry out our instructions thoroughly, we almost never decline to visit them at their homes. During the time under review, we have paid something like 100 visits to patients in their own homes. The comparative freedom of access to ladies of high position has agreeably surprised us.

"The commonest cases to which we are called are those of opium poisoning. We are generally in time to afford assistance, although I have travelled at night to some remote corner of Peking and found the patient beyond the reach of human aid.

### In-Patients,

"This branch of our work, from both a medical and missionary standpoint, we regard as the most promising.

"In accordance with these views, we have, during the past year, been extending and improving our Hospital accommodation. We can now find good provision for seventeen Chinese patients in four wards, indifferent for uine more in three wards.

"Evangelistic work has its proper place in the conduct of the Hospital. There is preaching to the men in the large waitinghall; the women have their own apartment where they are taught by a native biblewoman daily and at times by a lady missionary. The work among the in-patients has been carried on under difficulties of ignorance of the language and the insanitary condition of the wards, as well as the disturbance of building.

The Doctor concludes as follows :-

"We have, however, by no means been without tokens of blessing, notwithstanding the disadvantageous circumstances under which we have laboured. We have incidentally referred to several persons who were baptized through their connection with the Hospital, which will serve to illustrate what we have said, although we are far from making the number of baptisms our standard of success. With thankfulness to God for what has already been accomplished, we shall hope to be made increasingly useful to those who come within the sphere of our influence."

### HOSPITAL, CANTON.

Some account having been already given of the Report of the Medical Missionary Association in China for the year 1887 in a previous number of this Magazine, the present review will be confined to the work of the Society's Hospital in and about Canton. The Report is made by Dr. J. G. KERR and Dr. MARY NILES.

"Urinary Calculus.—During the year seventy-one cases have been operated on, divided into the following varieties:—

 Vesical Calculi
 ...
 54

 Urethral
 , ...
 ...
 11

 Preputial
 , ...
 ...
 5

 Scrotal
 , ...
 ...
 1

"Of the vesical calculi 42 were operated on by lithotomy, with three deaths. In 17 cases litholaplaxy, or rapid lithotrity, was used and two cases ended fatally. One of the deaths after litholomy was from dysentery after the patient had recovered from the operation, and was due to imprudence. It was therefore to be attributed only indirectly to the operation. The other two were in boys, under 15, in whose cases we expect more favorable results than our table shows this year. One of the deaths from lithotrity was in an old man of 80 years, with a stone too large to give assurance of favourable result from either operation at that age.

"The operations for preputial calculus may almost be said to be peculiar to this Hospital, over thirty cases altogether having been treated. Our records show one previous case of scrotal calculus.

- "The prevalence of calculous diseases in the Kwong-tung Province brings many cases to the hospital which are not favorable for operation. The stone may be large, or there may be disease of the bladder or kidney, or of both. A few are so far exhausted as to die in the hospital or are taken away in a hopeless condition. In two cases during the past year, examination with the sound to determine the size and character of the stone and condition of the bladder was followed by aggravation of the disease which ended fatally. Sounding for stone is an operation of almost daily occurrence in this hospital, and in the great majority of cases, whether done by myself or by Chinese assistants, is attended by no untoward results, but cases like the above show how much danger there may be in rare instances, and how much care must be used when indications of severe disease exist.
- "The calls for obstetrical work have markedly increased, more than twice as many applying for aid as in 1888,
- "The cases have been in the main of a more favourable class, as the call has come earlier after the friends began to be alarmed.
- "Medical Class.—The Medical Class has numbered twelve, of whom four were females. The Students are required to pay a fee, which is fixed at twenty dollars a year, and

the course of study occupies three years. They support themselves, and buy their own books. The female students are supported by mission funds supplied through the ladies in charge of the Female Seminary. The instruction is entirely in the Chinese language. We have now text books on all the essential branches of medical education, and with oral demonstrations and clinical instruction we are able to give the Students who attend the full course a degree of qualification which places them far above native doctors.

- "By means of the medical books which have been published, The hospitals which have been established and the millions of patients treated in them; by means of the Students that have been trained (numbering several hundreds); and by means of the practice of European physicians in the open ports, Western Mediciae and Surgery are slowly but surely advancing, and the time has come for the establishment of Medical Schools of a high order which will turn out men qualified to become professors in native Medical Colleges. To the profession in Hongkong belongs the credit of inaugurating the first college, with a full faculty of able men.
- "The 13th St. Dispensary for women and children has been open two afternoons each week under the supervision of Drs. NILES and FULTON.
- "The number of patients increased to 1,482."

## ITEMS AND NOTES.

We would call the attention of all members of the Medical Missionary Association of China to the circular which they will soon receive calling for an election of officers for the ensuing two years after the close of the present year. It may seem to some a rather peculiar way of procedup, but we are for the present shut up to it, and will hope that in 1890 the whole organization will take better form.

It is to be especially noticed that the Editorial staff is to be changed. Dr. Kenn writes that "The President of the Associa-

tion is not eligible to re-election, and of course the Senior Editor is not eligible to a second term." And Doctors REIFSNYDER and GULICK desire to announce that they also must be excused from further service. Now that The Medical Journal is fairly under way, there need be but little difficulty in securing a fresh Editorial Force.

We would draw attention to the advertizement of JOHN WYETH & BROTHER regarding the new preparations which they denominate "Triturates." The Allgomeine Missions-Zeitschrift, Dr. G. WARNECK editor, has an excellent and lengthy article of 74 pages on "Arzliche Missionen" (Medical Missions), by Dr. TH. CHRISTLIEB, in the Jan., Feb., April, and May numbers of the present year. The subject is divided into:—

I.—Origin, Purpose, and Extension of Protestant Medical Missions.

II.—The Common Need and their great Value.

III,-Methods and Results to date.

Regarding the Pocket Therapeutic Notes mentioned on another page, FERRIS & Co. write us:—"We are distributing the book freely to Medical Gentlemen all over the world, and should any of your friends in China not receive a copy in due course, we shall be most pleased to forward one free upon application."

Monorials of Dr. J. K. McKenziv is a small pamphlet containing several papers regarding our late collaborer, with an appreciative and tender sermon preached in Union Church, April 8th, by Rev. J. Lees.

We receive at a late day, and must postpone to our next number fuller notice of the Hospitals at Foochow and Hangehow.

In connection with Dr. Parks' paper on "Leprosy," in the last issue of the Journal, we call attention to a recent excellent volume of 144 pages on The Diseases of the Bible, by Sir Risdon Bennert, M.D., Ll.D., F.R.S., published by the Religious Tract Society. Some 41 pages of it are devoted to Leprosy. The little volume has a peculiar interest for medical missionaries. Dr. Bennert, as a fath when Dr. Parker was making his triumphal tour through Great Britain and America in the interest of Medical Missions in China, evinced much interest and sought to aid our cause.

From St. Petersburg comes the report that, "Leprosy is spreading at a dreadful rate in Russia,"

We clip the following report of the discussion regarding Medical Missions in the General Missionary Conference, London, from the supplement to the Church Missionary Intelligencer:—

"Sir Risdon Bennett, M.D., presided. The opening paper was read by Dr. J. L. Maxwell, of the Medical Missionary Association. In comparing the three methods of Medical Missionary work—hospital, dispensary, and itineration—he gave the first place to hospitals, as being the best fitted to bring

about conversions, and to help in spreading the Gospel in distant parts by means of the patients returning home. Mr. John Hutchinson, of the Church of Scotland Foreign Mission, read the second paper. He took up the line of itinerating work, and recom-mended the employment of partially qualified Native agents as of great value as helpers in this branch of work. The Rev. John Lowe, of the Edinburgh Medical Mission, was next called upon. He thought that the missionary societies do not devote sufficient funds to medical work. Dr. Clark, from India, also spoke, and was followed by Dr. Pringle, of the Bengal army, who gave some very valuable hints for the prevention of malarious fevers. These bints the chairman confirmed by the experience of the late Dr. Livingstone. Mr. Henry Soltau, of the China Inland Mission, spoke of medical work in Burmah, and was followed by Dr. A. Jukes (C.M.S.), from the Punjab, who agreed with the primary importance of hospital work."

"In the evening the subject of Medical Missions was again discussed. Professor Macalister occupied the chair. The Rev. Dr. Post told of work done in Beyrout. The hospital there was built by the German Order of St. John, and had among its patients Mohammedans and Jews, including the lineal descendant of Saladin, and a descendant of Mohammed. The Rev. John Lowe, formerly of South Travancore, but now of Edinburgh, told of the work of grace at present going on amongst the students of the Soctho universities, many of whom were ready to labour in the field as medical missionaries. Nr. William Wilson (China Inland) further dwelt on Mission work abroad, and Dr. Maxwell closed with a short account of the value of medical missionary work at home—at the East-end and other parts of London."

BIRTHS.

At Tai Yuan Fu, June 19, the wife of Dr. EDWARDS, C.I.M., of a son.

To Dr. J. H. INGRAM, A.B.C.F.M., Tungchow, a son.

MARRIAGE.

At Granville, O., U.S.A., May 16th, Hervey H. M. McCandliss, M.D., of Kiungchow, Hainan Island, to Miss Olivia H. J. Kerr, daughter of Dr. J. G. Kerr, Canton.

ARRIVALS.

At Shanghai, August 24th, for the Canadian Presbyterian Mission, North China, Rev. J. F. Smirth, M.D., and wife, and September 22nd, for the same mission, W. McClure, M.D.

DEPARTURE,

From Hongkong, July 12th, Dr. E. G. HORDER, of C.M.S., for England.

### The China

# Medical Missionary Journal.

### EDITED BY

J. G. KERR, M.D., Can
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E. REIFSNYDER, M.D., Shanghai.

A. LYALL, M.B., C.M., Swatow.

REV. L. H. GULICK, M.D., Business Manager, Shanghai.

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### SHANGHAI:

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1888.

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OF THE

### Medical Missionary Association of China.

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### NOTICES.

The Subscription Price for The China Medical Missionary Journal is Two Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Gullow, M.D., Shanghai, while. Articles intended for *The China Medical Missionary Journal* may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.



REV. PETER PARKER, M.D., 
First Medical Missionary to China, 
AND 
Da EWAS A TO, 
First Chinese Surgeon.

# China Medical Missionary Journal.

Vol. II.

## DECEMBER 1888.

No. 4.

#### MEDICAL MISSIONS.

J. G. KERR, M.D.

My work as a Medical Missionary has now extended over a period of more than one-third of a century, and during all these years I have looked into the faces of many thousands of men and women who have come to me for relief.

The great majority of these faces have borne the marks not only of physical distress but of mental suffering and sorrow. The burdens of life with its toil and care and anxiety can be escaped by none, and if the future holds out nothing better upon which hope can rest, life becomes a treadmill, and the toiling, suffering human being but little removed from the animal. The heathen living thus from day to day think only of their daily wants and daily miseries or the gratification of their appetites and passions, and the countenance wears an expression which photographs the soul. Neither joy nor peace nor hope are outlined in the face where all the lower passions and feelings have had sway for so many years.

The Christian, in the midst of life's burdens, cares and sorrows, has a consciousness that there is no antagonism between himself and the powers above him. He has an assurance that his present cares and troubles are temporary, and an abiding hope that the future has in store for him blessings which will flow on through an existence that has no end. Such an one, even though life's burdens be heavy, may wear a bright and cheerful countenance, an index of the calm and peace within his breast.

In the experience of the large majority of those whose faces I see in the hospital, life has been one round of toil, anxiety and fear, and in many cases of want; worshipping the god of wealth they have lived in poverty. Their prayers and incense and offerings to their numerous deities have not delivered them from superstitious fears of demons in spiritual and human forms. When they enter the hospital, the only hope that brightens the dark shadow of life is that the foreign doctor will be able to relieve the disease which has added a heavy weight to the already burdened existence.

To this object our best efforts are directed, and in many cases, by God's blessing on the means used, we have the satisfaction of seeing pain removed and health restored, and we know we have conferred a benefit on a fellow-being which he could not get from his own people.

But when we dismiss our patient to return to the toils and sorrows of life, have we done all we could for him? Have we no barm for his aching heart? Have we no star of hope to which we can point his soul?

When the physician in Christian lands has dismissed his patient, he knows that he goes to a home surrounded by churches and schools, and that means of instruction and aids to religious life are within his reach. Not so with the patients of a mission hospital in a heathen land. Idol temples, idolatrous ceremonies, and degrading superstitions are the influences which meet him on all sides, intensifying the darkness of his soul.

Here is the necessity for uniting religious teaching with physical healing. We do possess a specific for spiritual maladies, a balm of Gilead which gives peace and joy to the wounded spirit and life to those who are ready to perish, and if we should fail to impart this remedy for the leprosy of sin, we would leave more than half our work undone, and trifle with opportunities on which hang eternal interests. We can assure our patients that this healing for the soul is more important than that for the body, even as the soul is infinitely more important than the body, and the interests of eternity are of infinitely more moment than those of time.

Failure often attends our efforts to heal physical disease, but we can assure those whose maladies are incurable that if they accept and appropriate the precious truths which we give them from God's word, they will have reason through all eternity to thank God that their afflictions brought them under the sound of the Gospel.

In the hospital the nature and effects of spiritual maladies can be illustrated by the nature and effects of diseases in the persons of those present. By reason of a certain analogy which exists between the two, the effects of the one, experienced by the patient and inducing him to seek for relief, opens the way for the explanation of the other, and of the mode in which relief can be obtained. Some physical diseases are incurable by any human means, and spiritual maladies are all beyond the reach of human skill.

The great Physician, when on His mission to our lost race, gave evidence of His power to heal the diseases of the soul by removing, with a word or a touch, the physical diseases which no human power could reach. The physician who has himself experienced the healing which removed the disease of sin from his soul, will appreciate the propriety and usefulness of associating medical practice with preaching the Gospel. He knows that all the labor and time and money required for the relief of suffering and disease are well spent, even if nothing else is aimed at or accomplished; and he knows that when the effort is made to remedy the disorders of both man's spiritual and physical constitutions by the use of the remedies at hand provided by an All Wise and Merciful Creator, the physician is devoting his energies to the highest objects which can engage the mind of mortals.

It is no doubt a source of gratification to all missionaries—it is certainly so to us who are among the older medical missionaries—to see the Churches at home awaking to the great importance of medical missions, not only as means of relieving suffering and saving human life, but of aiding in the evangelization of heathen lands, and we hail the addition of so many noble young men and women to this department of mission work as evidence that Christianity with its blessings is being offered to those nations which hitherto have not enjoyed them, in the manner best calculated to secure their acceptance.

## THE P'ING TU MINING ACCIDENT.

By Dr. ROBT. COLTMAN.

On Wednesday the 27th of June last, Dr. Hunter received word by special messenger of the occurrence of an accident and begging him to come at once to their assistance. The mine is situated about 70 li south-east of the city of Tai Chow Fu and about 310 li east of Wei Hsien. Dr. Hunter having asked me to accompany him, we made our preparations in as short a time as possible, and were waiting some time before the cart we had sent for arrived. At 9 a.m. we took our seats in the cart and travelled day and night with only stops long enough to feed the animals, and reached the mine exactly thirty-six hours after starting—rather fast travelling.

Upon arriving at the mine we were told that a Chefoo doctor had arrived about fifteen minutes ahead of us, but upon inquiry it proved to be only an assistant of a Chefoo surgeon, and it was very fortunate for the patient we arrived so soon after this gentleman, or our patient (the American miner) would have succumbed to his treatment, which consisted in spreading Iodoform ointment over the wounds, and when we entered the room he was in the act of binding up the wounds without extracting the stones, blood-clots, and débris of pants that had been blown into the unfortunate man's leg.

We asked this gentleman his name and he replied "L1," adding that for 17 years he had been assistant to an English surgeon. Comment on this treatment is unnecessary. Dr. HUNTER and myself then proceeded to examine out patients, first the American, Mr. MARK LIDSTONE, and afterwards the Chinese.

Case I.—American miner, age 30. Large wound in thigh of left leg on inner side at junction of upper with middle third, nearly severing the sartorius muscle and extending above and behind the femur, the bone being denuded of peri-osteum for a half-inch in length, but neither fractured nor splintered. I easily introduced two fingers into the wound and picked out many stones, bits of clothing, etc. The stones varied in size from two the size of pigeon's eggs down to little bits small as millet-seed. After cleaning out all in the inner side and top of the wound, a large collection of fine gravel was found to the outer side of and behind the femur. The only way to properly remove this accumulation would have been to have cut in from the opposite side, but that was impossible, as to have done so would have cut off the nutrition of the lower leg, as the wound on the inside was so deep and so extensive as to prevent any nutrition from that side, for although the femoral artery was intact upon our arrival, yet it lay very superficial in the wound, and afterwards undergoing suppurative action burst. These patients had all been seventy-two hours injured and unattended when we arrived. Not being able to clean the wound thoroughly of gravel, we got out all we could with fingers and forceps, and then, using an ordinary rubber syringe, washed the wound in the thigh and all the others with a five-per-cent solution of carbolic acid. other wounds consisted of a circular one, one inch and three-quarters in diameter, in the middle third of the thigh directly below the large wound, extending to but, strange to say, not injuring the femur; two flesh-wounds about the size of dime coins and a half-inch deep in the middle of thigh; one wound, size of a pea but an inch deep, on inner aspect of the tibia at its lower third, reaching into the interosseous space; one wound above the pubis, having an opening the size of a 20-cent piece, about an inch deep and extending inwards toward the left groin; the whole right thigh a mass of skin-burns; the left hand covered with small burns only skin deep; and the nail torn from the middle finger of the right hand. (Mrs. LIDSTONE had covered the wounds with a weak solution of carbolic acid and had given her husband several doses of one-fifth grain each of morphia in the three days preceding our arrival.) Each of these wounds was literally packed with stone and gravel, and we were surprised to find the temperature so low, viz., 102°, pulse 120°. We finished dressing the wounds at 3 a.m., and at 8 a.m. the temperature was 101°, pulse 106°; at 1.45 p.m. gave a dose of Castor oil, the temperature being 101°.4, pulse 120°. The next morning Temp. 100°.6, pulse 92°. On July 2nd I returned to Wei Hsien and Dr. HUNTER remained in charge. He reports that on July 6th slight hæmorrhage took place from the wound, and, fearing rupture of the femoral artery, he applied a tourniquet. The next morning at 8.30 a.m. the artery burst and Dr. HUNTER ligated it. July 14th, I returned and relieved Dr. HUNTER, who returned to Wei Hsien. July 20, the temperature, which had been below 100°, rose to 101°, and the patient had a slight chill. Upon examining into the cause, found a sinus extending from the wound above the testicle into the left groin. I chloroformed him, and, opening the sinus introduced a carbolized drainage-tube. This discharged a few days and then healed. July 27, a large abscess formed in left testicle, also communicating with wound above pubis. Again chloroformed the patient and incised the scrotum to the left of median line, evacuating an ounce of pus, introduced drainage-tube and painted the testicle night and morning with Tinct. of Iodine. In about a week this wound also closed. August 1st, removed two stones size of peas from the large wound, which had been suppurating freely. Patient getting very feeble, commenced giving brandy \( \frac{1}{2} \) oz. three times daily. August 2nd, removed a number of small stones from the smaller wound in thigh; from this time until September 3rd I removed each day from one or other of these wounds bits of gravel or quartz which had been blown into the surrounding muscles and gradually made their way within reach of the probe and forceps. Considering the number and size of the wounds, I regard it rather remarkable that Mr. LIDSTONE recovered. I give the temperature chart in his case as it shows a low temperature throughout. When it went above 102° I gave twelve-grain doses of Quinia Sulphate, which rapidly brought the temperature down. August 19th, the temperature became normal and never rose above it again. When I left, September 3rd, Mr. Lidstone was able to sit up, and was eating at the table with his family. His wounds were healed with the exception of the large one, which had become comparatively small and was covering rapidly with epidermis, and the one above the pubis, which was not as large as a dime and promised to be covered in a couple of days.

Case II.—Chinese coolie, age 47. Three fingers of left hand blown away and wrist shattered, both eyes destroyed, numerous flesh-wounds, and compound and comminuted fracture of left tibia just above ankle; left arm being gangrenous above the wrist and a wound above that being full of maggots. Dr. Hunter administered ether, and I, assisted by the Chinese surgeon (?) from Cheioo, amputated the arm below the elbow. His other wounds were dressed antiseptically, and he did well until the 11th day, when pneumonia set in and he died on the 13th day while I was absent.

Case III.—Coolie, age 2%. Wounded in the arm slightly and in the tibia just below the knee. Extracted three stones the size of peas and dressed with carbolized oil. Dismissed well on 27th day.

Case IV.—Coolie, age 24. Flesh-wounds of testicle and left arm. Abscess formed in testicle on sixth day, which I opened, after which dressed with wash of lead and opium. Discharged well on twelfth day.

Case V.—Coolie, age 26. Wounded in right groin and numerous slight wounds of body. Extracted eight stones from wound in groin, which healed rapidly. Another wound, in the right wrist, gave more trouble, and was followed by deep abscess under the flexor muscles of the forearm. On the thirtieth day I chloroformed him and made a deep incision four inches in length into the interosseous space, evacuating a small amount of watery pus, after which the wound rapidly healed, giving him a useful arm.

Case VI.—Coolie, wounded during my stay by premature blast of a dynamite cartridge. His right arm, midway above elbow, literally blown full of stones. I cut an incision three inches long into the opposite side and on the posterior surface of the arm and extracted fifty odd separate pieces of quartz varying in size from a pigeon's egg to a millet-seed. I then introduced carbolized drainage-tubes and washed the wound daily for several days with carbolized water, using carbolized oil in the wound in the ordinary absorbent cotton. His wounds were so well on the fifteenth day that I gave a bottle of medicine and sent him home. I found in all these cases that the dressing of Fragrant oil with five per cent of carbolic acid made a most excellent dressing. Scarcely any of the Chinese had fever and none suffered from shock. And although living on poor food and in bad dwellings, yet I would be surprised to see six foreigners injured as severely and yet recover so rapidly.

Date.	8 a.m. Temp. Pulse.	6 p.m. Pulse.	Date.	8 a.m. Temp.	Pulse.	6 p.m. Temp.	Pulse.
June 27  " 80  July 1  " 2  " 8  " 4  " 5  " 6  " 7  " 8  " 9  " 10  " 11  " 12  " 13  " 14  " 16  " 17  " 18  " 19  " 20	101 106 100.6 92 100.2 96 99.6 92 99.8 84 98.8 80 99.4 88 99.4 88 99.8 84 99.9 84 99.9 82 99.6 94 99.6 94 99.6 94 99.6 88 99.9 92 99.6 88 99.9 92 99.6 88 99.7 85	101.4 120 101.2 96 101 94 101.2 96 101 94 99.8 95 100.4 92 99.5 90 100.5 92 100.5 92 100.5 92 100.5 92 100.2 98 100.4 90 100.2 98 100.4 96 101.9 94	July 21  " 22  " 23  " 24  " 25  " 26  " 27  " 27  " 29  " 30  " 31  Aug I  " 5  " 6  " 7  " 8  " 9  " 10	99.6 99.1 98.6 98.9 98.8 99.2 99.2 99.2 99.2 99.9 98.9 98	800228548948884277336666882	100.2 100.6 100.8 100.2 100.6 100.2 101.5 101.5 101.5 100.2 100.2 100.2 100.9 99.9 100.5 100 101.5 100.5	84 94 99 88 96 96 100 90 86 92 92 88 90 92 88 90 92 88 88 90 92 88 88 96

#### REMINISCENCES.

By Rev. A. W. DOUTHWAITE, M.D., F.R.G.S.

Some time ago I heard a clerical brother speaking against medical missions and asserting that the spiritual results were so meagre as to warrant the conclusion that they were a failure. These disparaging remarks set me thinking over my own experience of, nearly fifteen years' labour as a medical missionary and of what I had seen of the works of others. The result of my meditations is, that I am more than ever convinced that medical missions, so far from being a failure, are the most potent means which the Church of Christ can command for removing prejudice and opening the way to the hearts and homes of the people. They may have failed in some instances, as other agencies have, and there is great danger of the physician being so pressed with the business of the healing of the sick that he has neither time nor strength to carry out the other half of his commission and preach the Gospel also.

But,—given a man well qualified to heal the bodies, and full of zeal for the salvation of the souls of his patients, wherever that man is located he will draw the people to himself and lead them to Christ. He exhibits the practical side of Christianity, and as the old adage says, "Actions speak louder than words."

About ten years ago I was passing through the streets of one of the large cities of China and as usual was saluted on every hand by cries of "Foreign devil," Women and children ran away at my approach and closed their doors to escape whatever baneful influence they supposed attended my presence. On reaching the house of a missionary, I met an elderly lady who had recently come to China, and she immediately pressed me into her service; she was just starting on her rounds with a little basket of medicines for a number of babies of her acquaintance, and begged me to accompany her.

We went along the same streets through which I had passed scarce an hour before,—but what a change in the attitude of the people! I was ignored but my companion was greeted with spiles by the children, and many women came to the doors of their houses to invite her in. Now what was the secret of this lady's influence? She could scarcely speak an idiomatic sentence, and had in fact been rejected by one of the missionary societies as utterly unfit for work in China. Yet one of the older missionaries said she was the best worker they had, and had won the affections of the people where others had utterly failed to gain any influence over them. The simple fact was that though she could not speak any Chinese, yet by the universal language of kindness she showed the poor

women and children that she loved them, and was therefore a welcome guest in every house she visited, and found many eager recipients of the simple remedies which she carried about in her basket, and many hearts glad to receive the news of salvation proclaimed to them by those who accompanied her.

"Love never faileth," especially when manifested by acts of kindness, and even the Chinese, who can hardly understand disinterested kindness, are not proof against its power.

In 1876, I removed with my wife to the city of Kü-chao, in the south-west of Cheh-kiang, and, after some difficulty, succeeded in leasing an old house which had the reputation of being haunted. The city peoples were very hostile and as intensely offensive as they could be short of doing actual personal violence. For the first six months my wife dared not leave the house, for whenever she made the attempt she was followed by a howling mob.

Women, constrained by curiosity, would come to our house in crowds, but the men would not come near, except to revile and annoy. In fact our position was almost unendurable, and nothing would have induced us to remain but a strong conviction that such was God's will.

As soon as possible I opened a free dispensary, and ere long the opposition began to abate. Men and women flocked in from the country, and a few of the city poor also came for medicine, but no one with a reputation to lose would have any friendly dealings with us. The gentry, seeing so many countrymen coming under our influence, attempted to stop the work by employing spies, who followed the patients and frightened them by the usual silly stories about the power of our drugs to change the heart and convert the Chinaman into a foreigner; or by assuring them that although they would be cured of their diseases, they would certainly die within three years after taking the medicine unless they "entered the foreign religion," etc.

With such determined and organized opposition to contend with, our chance of success seemed small indeed, but God was working out His purposes, in spite of the raging of His foes, and soon we had abundant evidence that our labour was not in vain.

In a village on the borders of Kiang-si lived an elderly woman named Fung, who had for a long time been suffering from Lupus, which had attacked her neck and was slowly spreading over her face. Of her it might be said truly that she "had suffered many things of many physicians and had spent all that she had, and was nothing bettered, but rather grew worse," for she and her husband had sold nearly all their few possessions and pawned all their clothing in order to purchase medicine and pay the Buddhist priests for prayers offered to their gods. At length, growing impatient, the old lady went to the temple to give the priests "a bit of her mind," for she began to suspect that either they or their gods were humbugs. The priests pretended to be horror-

struck by such impiety, and warned the woman that a worse calamity would come upon her if she dared to speak evil of the great Buddha. At the same time they assured her that if she would bring some more medicine, and give them a thousand cash, they, would offer special prayers for a blessing on the remedy, and the disease would certainly be cured; so the poor dupe sold the few remaining articles which she could spare, purchased the medicine, and committed it into the hands of the priests. Finding that, notwithstanding the assurances of the priests, the disease continued to spread, the woman induced her husband to accompany her to the temple, where she cursed both gods and priests with all her might. As soon as she had exhausted her vocabulary of abuse, and had calmed down a little, the chief priest came forward and asked to be allowed to speak. Said he, "You have committed a "great sin in thus blaspheming our god; he is not a vain idol as you suppose, nor "without power to heal, but last night he revealed to us the cause of your disease. "He told us, that in a former state of existence you were unfaithful to your "husband, and in revenge his spirit bit you on the cheek and set up an incurable "disease." Having thus delivered himself he walked away, and the poor old couple left the temple with sad hearts, hardly knowing whether what they had heard was true or false, for she had no consciousness of a previous existence, or remembrance of the crime of which she was accused.

On their way home they met a man who had been at Kü-chao and had heard the Gospel, and when he had listened to their tale of woe, he advised them to go to the foreign doctor in Kü-chao, and expressed his conviction that the priests were all wicked deceivers. "But," said he, "you pray to Jesus the Lord of Heaven, and He will cure you." Happily they took his advice and came a three days' journey by wheel-barrow and by boat.

After listening to their story I invited them to stay in my house for a few days, as I had no hospital, and put the patient under the usual treatment,—Ung. Iodi. externally, Potas. Iodi. internally. Being a "Faith-healer" in the right sense of the term—that is, believing that, with means or without, God is the source of all healing-power—I followed the example of my heathen patient and sought the blessing of my God on the medicine used.

After a few days, during which they listened attentively to the Gospel, my visitors departed, and three weeks later a messenger came for medicine, bringing the gratifying news that the disease was almost cured. Three or four months elapsed, during which I heard nothing about the case, and then, to my surprise, the worthy couple appeared again in Kü-chao, not this time for medicine, for the cure was complete, but to hear more about the true God, for, they said they were now quite convinced that their gods were false. They had publicly renounced idolatry, and had spoken so enthusiastically in their village about the foreigner's God, that many had resolved with them to worship Him. How

long they remained with us I cannot remember, but they returned to their village, rejoicing in Christ as their Saviour, and within two years many of their neighbours were led to trust in Jesus, and a church was organized in the village, through their influence, and one man afterwards went forth from their church as an evangelist.

(To be continued.)

## RANDOM CLINICAL NOTES.

A contributor to a prominent medical journal received some time since, says that he has twice observed a curious effect of chloroform, which he had not seen mentioned in medical literature. A physician and friend of the writer while administering chloroform under gas-light was seized with a violent fit of coughing; and on a second occasion, another person who was assisting at an operation, was affected in the same way, and even vomited. The writer attributes this effect to the action of gas-light upon the vapour of chloroform. He thinks a gas is produced, and says it cannot be chlorine for it has no odor. Perhaps some of your readers may have had a similar experience, and may be able to enlighten us as to the cause.

While on the subject of chloroform administration, I will mention that occasionally during my residence in China, I have seen patients whom it was exceedingly difficult to bring under its influence. In one instance it was given in large quantity for nearly an hour without fully anæsthetizing the patient. Chloroform was then abandoned, and the operation performed without an anæsthetic. This difficulty, I know, often occurs in giving ether, but I have not before observed it in chloroform.

I have more than once seen it mentioned in the medical reports from various parts of China, that in the extraction of cataracts it was often found that there was an unusual amount of cortical substance. This too has been my experience. I would like through your columns to ask whether in any part of China it is common to find cataracts without a nucleus; that is, a purely soft cataract in a male or female above sixty years of age. I have seen one such case and give the notes.

Lan, Chinese female. Age 66. Husband a carpenter. Was received into the hospital, September 9th, 1887. She stated that sight had been failing for nine months, and that for five months had not been able to distinguish objects.

Upon examination, cataract was found in each eye. Perception of light good. September 14th, operated on right eye by Von Grabfe's method. Much surprised to find the cataract quite soft; no trace of nucleus. The whole mass was gently pressed out, leaving a clear cornea. On the 7th day the eye was opened and examined. Counted fingers with ease at several feet, and improved daily until her discharge, September 25th,

October 10th, returned to hospital, and on the 12th operated on the left eye. The nucleus in this case was large and firm, differing in no respect from that of the usual senile cataract. She regained very fair sight in this eye too.

Q.

## CASES TREATED IN THE MEDICAL MISSIONARY SOCIETY'S HOSPITAL, CANTON.

By J. G. KERR, M.D.

Combined lithotomy and lithotrity.—The patient, a man æt. 27, a native of Nan-hai District, was admitted for phymosis, August 9th, and circumcision was performed, August 19th. When sounding showed the presence of a large calculus. It was decided to break up the stone in preference to making a large opening either by the supra-pubic or lateral method.

On the 4th of October the usual lateral incision was made, and the stone seized with a light pair of lithotomy forceps and held against the opening, while a half-inch chisel, ground to a point for the purpose, was held in the right hand and its point fixed on the end of the stone. By a few strokes with a mallet in the hands of an assistant, some fragments were broken off; this was repeated until the pieces were reduced to a size that would admit of their being easily extracted through the opening made. Small fragments were taken out with the scoop and the bladder thoroughly washed out with water. The fragments weighed 31 ounces.

The after-treatment consisted in the use of a large-sized rubber drainage-tube kept in the wound for ten days or two weeks, and the washing of the bladder through it daily with warm water and a solution of boracic acid. After the removal of the stone the bladder was found to be lined with mucous excrescences as far as the finger could reach, and it was feared that the result would be unfavorable, but convalescence was interrupted only by a slight febrile attack, which soon passed off, and the wound healed promptly after the tube was removed. The patient was dismissed cured, October 29th.

We have had occasion to perform lithotomy in this way on several former occasions, and we are inclined to the opinion that it is the rational method of removing large calculi. When a stone remains in the bladder long enough to attain a large size without undermining the health of the patient, it has established toleration, and this fact explains why the manipulation necessary to break up a stone in the manner above described is borne so well. The use of the drainage-tube, as recommended by REGINALD HARRISON, is of great advantage, and I regard it as one of the most important improvements in the after-treatment of many cases of lithotomy.

The use of drills so constructed as to reduce the stone to powder instead of breaking it into fragments, would be better in that it would prevent the slight shocks unavoidable in the use of the mallet.

Odontoma..—A case of this rare affection was met with in an out-patient at the Canton Hospital. The patient was a man about 25 years old, and the wisdom-tooth of the right side was the one affected. It was extracted with much difficulty. The bony tumor surrounded the root of the tooth which was firmly fixed in it. After drying, there was partial separation on one side; but the tooth did not become loose. The cut represents the size and shape of osseous tumor, the tooth projecting from one side. Its thickness was five-eighths of an inch.



Mr. Heath, in his lectures at the Royal College of Surgeons, states that only nine cases of this affection have been recorded, all of which were in the lower jaw. In the *Lancet* for January 14th, 1888, Jordan Feoyd, F.R.C.S., Birmingham, gives one of the upper jaw.

Dermoid Cyst.—A girl at. 16 was admitted, September 10th, with enlargement of the abdomen, of six years' duration. There being doubt as to the nature of the disease, an exploratory incision was made, September 26th. A large quantity of slightly colored fluid was discharged, and with it tufts of hair and lumps of white, sebaceous or fatty matter. A solid tumor was found in the lower part of the abdomen, and it was decided not to attempt excision. Septicemic

poisoning and fever resulted in death on the 3rd of October. Drs. Niles, Swan, Wales and McDonald were present at the post-morten examination, at which it was found that the tumor was attached to the right ovary and broad ligament, and that the cyst was closely adherent to the abdominal wall in front and on its upper and posterior part to the omentum. The cyst was very thick, and on its removal more hair and white, sebaceous matter was found. The solid portion consisted of muscular and cutaneous tissues in which were embedded irregular pieces of bone and small fragments resembling imperfectly-formed teeth.

## NOTES ON CHOLERA IN NORTH CHINA-SUMMER OF 1888.

By A. P. PECK, M.A., M.D.

Although there has been no opportunity for accurate observation, a few remarks upon the general character of this epidemic of Cholera may be of interest to the readers of the Journal and supplement the reports of others.

Up to the end of June, no cases were heard of in the north-western parts of Shantung. Early in July, the writer, having occasion to be in Tientsin, learned of a few cases among the natives; during the rest of the month he was absent at Pao-ting-fu, where no cases were heard of. Returning to Tientsin, Cholera was found to be very prevalent among the Chinese. Some of the hottest weather had been experienced during the latter part of July and determined a notable increase of the disease. About the middle of August, two gentlemen of the foreign community died, and one of the writer's children had a sharp attack, which fortunately was controlled; and doubtless there were other non-fatal cases in foreign community unknown to him. He was informed that on the same night when one of the gentlemen mentioned died, eight Chinese died of Cholera in the little village of Ma-chia-kou near the foreign concession on the road to the city.

Returning to P'ang-chia-chuang in Shantung, in September, Cholera was found prevalent in all this region, the reports from various villages at first giving the impression of sporadic outbreaks. More careful inquiry however elicited the fact of a general wave-like progress from north to south, running first along the highways, following the river and the great roads. The distribution of the disease from points of contact on these lines of travel, through the formicatious system of village fairs, the travels of itinerant hucksters, etc., can be readily imagined.

Several cases have been reported here where persons living in unaffected villages visited others where there was Cholera, and returning died of it.

Early in October the writer was summoned by telegraph to the city of Chi-nanfu, to attend one of the foreign ladies attacked by Cholera, the resident physician being absent. The disease was found to be epidemic and very fatal there. The crowds attending the great literary examinations had naturally suffered severely.

The course of the epidemic as noted above points significantly to Tientsin, the one seaport of all this region, and published reports of the spread of the epidemic northward to Peking note similar facts.

## Character of the Disease.

It has not been the fortune of the writer to witness any of the more severe cases which proved fatal. Only one case occurred in the hospital. No one in this village died of it, and the fact that of the few cases, perhaps 20 or 30, in this and contiguous villages, treated for here, all recovered, must be set down largely to chance, for the disease has in many other instances proved as suddenly fatal as cases reported in tropical latitudes. Villages have been decimated and families have been nearly or quite exterminated.

Although out of the range of his personal observation, the writer has received some clear accounts from Chinese of cases which go to show that the disease type has not in all cases resembled old-fashioned Asiatic Cholera, but would perhaps merit the name suggested by someone on the coast,—"dry cholera;" the lethal effects of the poison, however, seem to have been as marked as when there have been the great serous transudations following the epithelial desquamations noticed in the standard type.

Williams' Hospital,

November 15th, 1888.

## NOTES ON CHINESE MATERIA MEDICA,-(Continued.)

By A. W. DOUTHWAITE, M.D.

ARRENIC.—This valuable mineral can be obtained in most of the cities and large towns in the Empire, the sublimed arsenic being extensively used as an insecticide by fruit-growers and farmers.

Its therapeutic value as an alterative and anti-periodic is well known to the native physicians, but few of them dare prescribe it, owing to popular prejudice against the administration of such a powerful drug.

Probably no medical missionary who has been long in practice among the Chinese, has escaped the accusation of having caused the death of some patient who has succumbed to the disease for which he was under treatment, and some of our brethren have been glad to escape the horrors of a riot by paying a large sum of money to the friends of the deceased. The native practitioner is still

more liable to be pounced upon by the relatives of some defunct patient, and to be charged with malpractice. This is frequently done to extort money, and if the prescription given can be proved to contain any poisonous ingredient, such as arsenic, aconite, corrosive sublimate, etc., the unfortunate medico will fare badly, for the local magistrates are considered quite capable of sitting in judgment on medical as well as upon other matters, and have power to mulct the doctor in a heavy fine, or commit him to prison if they find even a minute quantity of any reputed poison in the medicine he has prescribed.

But though Arsenic is seldom prescribed as an internal remedy, it is freely used externally, in the form of a compound powder, for destroying small tumours, granulations, etc.

ARSENIC TRIOXIDE, AL THE Pi shwang, or Sublimed Arsenic, is the kind most commonly used, and is the best kind for making Liquor Arsenicalis; it is usually met with in flat masses, crystalline inside, rough, opaque and white outside. For making the solution, only the crystalline part should be used, as that is most free from impurities. It dissolves readily in boiling water, slightly acidulated by hydrochloric acid, and is in every respect equal to the white arsenic of commerce.

Yellow Arsenic, 弘 黃 Pi hwang, or 信 石 Sing shih, obtained from a mine near the city of Yü-shan, on the eastern border of Kiang-si, may also be used in medicine, for external application. If no other kind can be obtained, it can be freed from impurities, and rendered fit for internal use, by subliming it in a glass or porcelain crucible, and condensing the fumes on a cold plate or basin, held over the crucible. This should be done in the open air, or where there is a gentle draught to carry off the vapours which escape, otherwise the operator will soon be warned of the danger he is exposed to, by a severe headache.

The yellow powder which condenses on the plate, should be ground up in a mortar with a little soda bicarb., so as to produce a soluble arseniate of soda.

(To be continued.)

## CASES TREATED IN THE LONDON MISSION "VICEROY'S" HOSPITAL, TIENTSIN.

By the late J. K. MACKENZIE, M.R.C.S., L.R.C.P.

Case 1.—Traumatic Stricture of Urethra.—Perineal Fistula.—External Urethrotomy.—Cure.

Ts'Ao YÜ CH'ÜN. Aged 33. Sailor. Fell across a plank five months ago and ruptured his urethra. The accident was followed by stricture, retention, and subsequent formation of perineal fistula.

1887, July 16.—On admission his bladder was greatly dilated, and he was in great pain, not being able to pass more than a few drops either through urethra or fistula. As he gave a history of prolonged suffering since the stricture formed, and as the urethra at point of stricture resembled a cartilaginous mass, through which the finest instrument would not pass, I determined instead of tapping the bladder to at once perform external urethrotomy. The patient having been anæsthetised, and placed in the lithotomy position, I cut down upon the point of a large silver catheter lying against the stricture—including the perineal fistula in the incision—and opened the urethra just in front of the stricture. With some difficulty I cut through the mass of cicatricial tissue and found the dilated urethra behind it. Immediately passed a No. 12 silver catheter into the bladder and tied it in.

The perineal wound was cleansed, and closed with wire sutures, and a pad of lint soaked in tincture of benzoin.

July 22.—Removed the silver catheter after having kept it in the bladder undisturbed for four days. Tied in a gum-elastic catheter. All urine is passed through the instrument. Temperature rose after operation to 99°.4 F. but has since been normal.

 $\ensuremath{\textit{July 28.}}\xspace-\textsc{Removed}$  the gum-elastic catheter, after having kept it for six days in the bladder.

August 1.—Wound closed. Passes his urine in a full stream. To go out.

### Case 2.—Traumatic Stricture.—External Urethrotomy.—Cure.

Li Yung. Aged 47. A gardener.

While moving vegetables on board a boat, he fell and struck his perineum against a portion of the boat. This happened one month and a-half ago, and was followed by the passage of blood from the urethra.

1887, August 5.—Upon admission the patient is found to have a bad stricture; passing his urine in drops after much straining. A hard bullet-like mass of tissue can be felt under the arch of the pubes. The finest instrument could not be insinuated into the bladder.

August 6.—Under ether operated as in the last case, and tied a No. 11 silver catheter in the bladder. Closed the wound with silver sutures.

August 9.—His left testicle is painful and swollen, tongue furred, and temperature 101° F. No pain upon passing urine; a few drops escape by the wound.

Put upon Antimonial wine and bark.

 $\begin{tabular}{ll} {\it August~15}. & --- {\it Testicle~reduced~in~size}. & Wound~in~perineum~smaller,~though~urine~escapes~this~way. \end{tabular}$ 

Epithelioma of Penis.—Operation.—Recovery.

CHU-FÉNG-HSIANG. Aged 40. Farmer. Hêng-shui-hsien.

1887, April 19.—Admitted to hospital with well-marked Epithelioma involving the entire penis. As from the extent of the growth the ordinary operation was not feasible, I determined to do that one described recently in the Lancet by Wheelehouse. The patient was put under chloroform and an incision carried through the raphé of the scrotum. The corpora cavernoseum were then removed close to the pubic bone; the corpus spongiosum with the urethra was then dissected out and brought through a button-hole in the perineum about half-aninch in front of the rectum, and attached there by silver sutures.

Perforating Ulcer of Foot.—Chopart's Amputation.—Recovery.

WANG-TA-YU. Aged 61. Cook, from T'sang-chow.

1887, August 4.—Admitted to hospital, suffering from an ulcerated condition of the right foot, which had existed for thirty-one years. The big and fifth toes were normal, but the second, third and fourth toes were absent; the heads of the metatarsal bones corresponding to these toes were bare and necrosed, and surrounded by unhealthy granulations and cicatricial tissue. He gave the following history:—Thirty-one years ago a blister formed in the sole of the foot near to the roots of the middle toes; it broke, leaving an ulcer behind which would not heal; this ulcer gradually spread until the metatarsal bones and phalanges were exposed. Later on the second, third and fourth phalanges became quite bare and fell off piecemeal. The ulcerated surface has never healed, and the man is disabled.

August 5.—The patient being willing, Chopart's amputation was performed under chloroform. As a sole-flap could not be obtained, two lateral flaps were cut, and answered the purpose admirably. The flaps were brought together with wire sutures, a drainage-tube inserted, catgut ligatures used, and the wound dressed with marine lint.

August 10.—The temperature rose to 99° the night after operation, but afterwards kept at the normal point. The tube was removed to-day. Tinct. Ferri. Perchlor. 15 minims in Quassia infusion three times a day. The wound is asceptic and healing nicely.

September 15.—The patient left for home quite well and with a good stump.

Remarks.—Perforating ulcer of the foot appears to be a rare disease, but its characteristics are well marked, and cannot easily be mistaken. It has been described carefully by Hancock of London, Nélaton of Paris, and other writers of authority. They recommend that the dead bone should be removed as soon as possible, but if notwithstanding the ulcer continues to spread, the whole of the metatarsal bones should be taken away either by Chopart's, Syme's or Poispoff's amputation.

## Strangulated Hernia. - Operation. - Recovery.

CHANG-CHING-KUEI. Aged 53. Soldier. Ho-nan.

1887, May 8th.—Patient admitted in great agony, suffering from a strangulated hernia—oblique inguinal. Great tympanitic distrusion of the abdomen; constipation for seven days, agonising colicky pains. Has had the hernia for 2 years, but could always replace it until 12 days ago. No vomiting. Pain has troubled him for 12 days. Under ether attempted reduction by taxis, but could not succeed. Having previously obtained his consent to an operation should it be necessary, I proceeded, aided by Dr. MACFARLANE, to perform herniotomy. The sac was found to be enormously thickened and had to be opened; the stricture was divided, and the gut, which was congested but fairly healthy, easily returned. The sac was closed with catgut sutures, and the skin-opening with wire, a drainage-tube inserted and the wound dressed with Iodoform and marine lint. Antiseptic precautions were used during the operation. Though the patient had not suffered from vomiting previously, yet as soon as ether was administered he vomited a large quantity of fæculent matter. Upon his return to the ward he passed a semi-fluid motion.

Opium in pill form was given.

May 13 .- Changed dressing and removed drainage-tube.

May 27.—The wound healed, excepting in the line of the tube, by first intention, and the track of the tube quickly granulated. He recovered without a bad symptom. Went out wearing a truss.

#### TEMPERATURE.

			M.	E.
May	9	•••	Normal	 Normal
,,	10		Normal	 99.4
	11		99	 100.1
,,	12	•••	Normal	 Normal
,,			Normal	
"	14		Normal	 99.4
,,	15		Normal	 Normal.

## Note by Editor.

Dr. Mackenzie had written out these cases for the Medical Journal just before he died; they are now published, as he intended them to be.

## REV. PETER PARKER, M.D.,

First Medical Missionary to China,

AND

## DR. KWAN A-TO,

First Chinese Surgeon.

By J. C. THOMSON, M.D.

There passed away in the City of Washington, U.S.A., on the 10th of January last, the first medical missionary to China, and the oldest of those early missionary heroes. The idea of using the practice of medicine as a means of affording opportunities to introduce Christianity among the Chinese was first practically adopted by the American Board of Missions; and Rev. Dr. PARKER. commissioned by them in 1833, embarked from New York in the ship Morrison and arrived at Canton on the 26th of October 1834. After considerable difficulty in securing a location, Dr. PARKER opened at Canton in 1835 the first medical mission hospital in China, and to it patients soon flocked by the hundreds. In allusion to this we read: "Had the object been to swell the catalogue of patients received as in-patients, and were the strength of one individual sufficient for the task, the aggregate might have been thousands; the difficulty has been in avoiding applications rather than in obtaining patients." And these were of all ranks, from the despised beggar to the member of the Imperial household; and from all the provinces, as in the 13th report patients are registered from 17 provinces, some surgical cases after journeys of weeks and months. And the Hospital then, in those days of strained relations, played no unimportant part in bringing foreigner and Chinese into better understanding of each other, when in the words of an observer, Dr. PARKER "wrung admiration from a haughty official class and a reluctant gentry; " and so Consul Alabaster remarked at the Semi-centonnial, that he would consider himself safer, in times of hostility, in the Canton Hospital than on a gun-boat; and of Dr. PARKER it has been remarked, considering he was the pioneer in this work, that "he opened the gates of China with a lancet when Western cannon could not heave a single bar."

Without referring to the rare cases, the monstrosities, of his single-handed practice of those early days in this obituary notice, we merely remark the fact of Dr. PARKER'S being honored as the first surgeon ever to perform upon Chinese

the operations of lithotomy, amputation of limbs, and the removal of enormous tumors such as only an unexplored medical field as China could produce. Ever since 1844 his hospital has been the centre of attraction for cases of Stone; and we question whether another, hospital in any land can show upwards of 1,000 operations for urinary calculi on its registers.

In 1837 Dr. Parker began his medical class with three promising youths, since which time many have gone forth to render good service to their fellow-countrymen, some to attain renown and wealth, the subject of a portion of this sketch a notable instance. In 1838 Dr. Parker was most active in the founding of an institution, of which he became a first Vice-President and afterwards President to the time of his death. Of that Medical Missionary Society in China, the oldest medical missionary association in existence, it was remarked in connection with its Semi-centennial: "Few philanthropic institutions at home or abroad can produce a record at all to be compared with that of this society. We doubt if there exists to-day any association formed for benevolent purposes that can be shown to have used its resources to greater advantage," and of its relief of the sufferings of a million Chinese it may well be proud. In this year of 1838, Dr. Parker also opened the Macao Hospital.

We must refer to a case of Dr. Parker's first year, as one of many similar exhibitions of gratitude. An old gentleman, private secretary to the Chefu, was cured of cataract, whereupon he requested leave to send a painter and "take my likeness that he might bow down before it every day," and besides handsome presents he sent a long ode, which was translated by Hon. J. R. Morrison and put into English verse by a friend. Of it the following stanzas are illustrative:—

"I have heard," the friend who enter'd said, "there is come to us of late A native of the flowery flag's far-off and foreign State; O'er tens of thousand miles of sea to the Inner Land he's come; His hope and aim to heal men's pain, he leaves his native home."

I quick went forth, this man I sought, this generous doctor found; He gained my heart, he's kind and good; for high up from the ground He gave a room to which he came at morn, at eve, at night,— Words were but vain were I to try his kindness to recite.

His silver needle sought the lens and quickly from it drew
The opaque and darksome fluid, whose effects so well I knew;
His golden probe soon cleared the lens and then my eyes he bound,
And lav'd with water, sweet as the dew to thirsty ground.

Three days I lay, no food had I, and nothing did I feel,
Nor hunger, sorrow, pain, nor hope, nor thought of wee or weal;
My vigor fled, my life seemed gone, when sudden in my pain,
There came one ray—one glimmering ray,—I see, I live again,

With grateful heart, with heaving breast, with feelings flowing o'er, I cried, "O lead me quick to him who can the sight restore;" To knee! I tried, but he forbade, and forcing me to rise, "To mortal man bend not the knee," then pointing to the skies,— "I'm but," said he, "the workman's too!, Another's is the hand; Before His might and in His sight, men feeble, helpless, stand; Go, virtue learn to cultivate and never thou forget, That, for some work of future good thy life is spared thee yet." The offer'd token of my thanks, he refused; nor would he take Silver or gold, they seemed as dust; 'tis but for virtue's sake His works are done. His skill divine I ever must adore, Nor lose remembrance of his name till life's last day is o'er.

In July 1840, missionary work being interrupted by the war, Dr. PARKER embarked on his triumphal tour through the United States, England and France in the interests of the M.M. Society in China, and through his instrumentality much interest was excited, fluancial aid given, and several auxiliary societies formed, notably the Edinburgh Medical Missionary Society, in 1841.

The following year Dr. PARKER returned to his onerous and multifarious duties at Canton, bringing with him Mrs. PARKER, the first foreign woman to reside at Canton. Rev. Dr. PARKER's connection with the American Board of Missions ceased in 1847 though he continued his medical service at the Hospital and amongst the foreign community till 1855, when his hospital was transferred to Dr. Kerr, and after serving a term as U.S. Commissioner, he retired from China and has chiefly resided in Washington. Here, while retaining to the last a deep interest in China and foreign missions, as President of the Medical Missionary Society in China and of the Evangelical Alliance of Washington, he died at the advanced age of eighty-four years.

Dr. Kwan A-to, the prominent Chinese figure in the engraving, is remarkable as the first Chinese to acquire a knowledge of Western medicine and surgery; and he afterwards attained a great reputation and accumulated a large fortune. Above medium stature, of dignified bearing and general prepossessing appearance, of good talents and correct moral character, with a fondness for his profession which led him to excel as an oculist and surgeon, he had in a good degree the confidence of his countrymen and the respect of all foreigners to whom he was known. He was placed in the hospital class by his uncle, the late artist Lamqua, a disciple of the renowned Chinnery, who was himself so much impressed by the devotion of Dr. Parker in the care of suffering Chinese that he painted gratuitously the more remarkable cases, first showing the malady and then the appearance after the cure. A set of these oil paintings of characteristic deformities Dr. Parker took with him to the U.S. and England, and after thus illustrating his work, presented them to the Guy Hospital Museum, London, where they excited the surprise of students and visitors.

As to the operative abilities of A-ro, the exceptional feature in a Chinese doctor, we have more or less mention, as in 1847 when he removes a tumor about the size of the patient's head from the axilla in four minutes, beside tying three arteries—the first operation at the Canton Hospital under sulphuric ether. And soon after, with dexterity and success, a tumor of the back, three feet and a quarter in circumference, and weighing 13½ pounds. In the same year Dr. Parker remarks, "the majority of operations for pterygia, entropia, cataracts, ascites, etc., have been performed by him. He has extirpated many tumors, removed carious bones, extracted tee'h and successfully treated dislocations and fractures, simple and compound, and abstracted no less than 344 lbs. of fluid from cases of paracentius abdominis during the year." Dr. Kerr in later days also refers to him as performing "most of the minor operations and some more important ones."

In the service of Drs. PARKER and KERR, till the war of 1856-8 obliged the closing of the hospital, he then enlisted as surgeon to the Imperial forces sent from Kwantung to fight the rebels in Fokien. Here he once narrowly escaped with his life when the rebels surrounded a city in which he had opened a military hospital, but his skill was rewarded by a Crystal Button from the Emperor, with the title of Mandarin of the fifth rank. On the restoration of peace he returned to the Canton Hospital as Dr. Kerr's assistant in July 1860. In the latter years of his life he devoted himself to the extensive practice of his profession among the higher classes of his countrymen, with great acceptance and ample gain.

Early in June 1874 he died at the age of 56, and so strong and healthy looking that his death came as a surprise to most. In the Annual Meeting of that year it was resolved on motion of Dr. F. Wong, himself a graduate in medicine at Edinburgh University and the first Chinese on whom a foreign medical diploma had been conferred: "That a minute of the useful and successful career of Kwan A-To, as assistant in the Hospital and as a physician practising the healing art of the West among his own countrymen, be placed on the records of the Society, and that the secretary be requested to communicate to the family of the deceased the purport of this resolution, with an expression of the sympathy of this meeting in their great loss. A letter from Dr. Parker expressive of his estimation of the deceased was also read.

The original painting of Dr. PARKER in his hospital at the age of forty, and ambidextrous Kwan A-to, by Lamqua, the famous Chinese artist, in the year 1844, was said to have been one of his best both as likenesses and as a work of art. For the loan of this engraving of it I have to thank Dr. G. D. Dowkontt, editor of that world-wide medical-mission news-journal, the N.-Y. Medical Missionary Record.

## CORRESPONDENCE.

LACTIC ACID IN THE DIARRHŒA OF CHILDREN.

Less than two years ago HAYENE made a report to the Academy of Medicine of Paris. on the use of lactic acid in the green diarrhœa of children. He claimed the discovery of a germ in direct relation to the green color of certain discharges in the diarrhosa of infants. This claim was contested by DAM-ASCHING. HAYENE admitted the priority of the discovery of the germ, but stated that he was entitled to the credit of proving the relation of this germ to the diarrhoea, and that these discharges were contagious. Dr. WM. D. BOOKER read a paper before the International Medical Congress at Washington last year, in which he stated that twelve varieties of bacteria had been isolated from the stools of infants. Dr. F. W. SHAW. of Brooklyn, has tried lactic acid in over one hundred cases of infantile diarrhœa as they presented for treatment at the Brooklyn City Dispensary. He has tried it on all the forms of diarrhoea. The ages of patients were from 10 weeks to 2 years old, with stools from 3 to 20 daily. In cases with watery mucus, yellow, with casein, greenish with mucus, casein and sometimes blood, and the distinctly green, in very few cases it failed; many recoveries were remarkable. It not only relieved the diarrhœa; it checked the vomiting, fever and restlessness. Within a period varying from twelve to seventy-two hours the discharges would begin to change and the unpleasant odor would disappear. The general results have been so satisfactory that astringent and alkaline remedies were abandoned. In his monograph on treatment of the diseases of children, Jacobi suggests a diet of breastmilk alone often disagrees when there is

diarrhœa; one wholly consisting of prepared food often disagrees. JACOBI states, normal mothers' milk contains fat that is not digested. WYSCHEIDER, says: "Fat cannot be completely absorbed." It passes out as free, fatty acid, or unchanged. This mothers' milk can be diluted by giving 1 or 2 teaspoonfuls of barley-water before the nursing. SHAW gives prepared food on the same principle. Both of these plans are good. As I am in medical charge of an orphanage for the care of Chinese infants. I had the opportunity of testing the plan of HAYENE. last summer. The infants varied from 6 weeks to 27 months in age. Some were breast-fed, others, older ones, fed on cows' milk and prepared food. The formula of HAYENE was used :-

#### Recipe:

Acid lactic p	ure	 	2 drachms.
Syrup		 	1 oz,
Water		 	3 oz.

One drachm of this solution contains about one drop of pure lactic acid.

In former years we have had much trouble with cases of diarrheea treated by the most orthodox methods, although the orphanage was clean, dry, well lighted, well ventilated and the most scrupulous attention was paid to the care and the preparation of the food, and wet-nurses were employed. Under the lactic acid treatment we had the most excellent results. For a child under one year, one-half a drop of lactic acid hourly will do. In very bad cases give one drop every hour for a few doses, then reduce the dose. If over 12 months old, one drop every hour is sufficient. Give it diluted. To sum up, in the words of SHAW:—

"It controls vomiting and permits the earlier use of food. Under it, temperature is reduced and intestinal pain quieted. Restlessness is overcome and sleep rendered possible without the use of opiates."

Hundreds of children are brought to the Foreign Doctors every year to be treated for infantile diarrhom. In the hope that the doctors will avail themselves of this simple and palatable remedy, I venture to bring it to their notice and to request that they will give it a trial and report the results in the pages of this journal.

H. W. B.

#### CHOLERA IN KWANG-TUNG.

Min Lok, October 3, 1888.

Dear Editors.

After a ramble over many miles of the province to this head-quarters of quackery, immorality and heathenism generally, we send you a few notes by the way.

Facts they are, so far as such are getatable in China, and the conclusions we leave to you, only remarking that in our experience, the Cholera, or Choleraic Diarrhea, which has carried off so many hundreds, has not seemed to us to be of "Asiatic" type, but sporadic and not particularly contagious. We find it in the "wet" and "dry" forms.

First we notice, it was decreed this year was to have a particularly large mortality. As, for instance, one of a number of placards I got on this subject says: "The Goddess of Mercy says, out of every ten, four or five would die this year. Mr. TUNG brought this message from the Emperor, if not so, I am a thief, etc. In the 8th or 9th month the pestilence-god will come, and if at cockcrowing any one knocks at the door, do not answer but pray, 'Kun Yam, save us from this plague and difficulty!' meanwhile striking the bell or any brazen utensil, and each one take a cup of wine and medicine, beside putting some in the water-jar, and all will be "vell."

The merit of circulating this information is also given: "If you communicate it by word of mouth or poster you will be safe; By posting ten copies you will save your family, and 100 copies issued will save your neighbourhood; but if you refuse to so do you will vomit blood and die."

And among many other prescriptions which the native faculty admit are little apt to cure—they preferring, as several told me, to take in their "shingles" at such a time—I have one from some great Dr. WA T'o (華陀) of the Three Kingdom period, revealed by PLANCHETTE in view of this year's grievous plague.

On the way I found it very severe at San Ui (新會) city, where a form of cholera seems to have begun as early as the 4th month, and in all more than 1,000 are reported to have died. During the 7th month there seems to have been little or none there. At Ku Tsing (古井) near by, it was specially virulent, and a kind of quarantine was established against incomers, many also left the place, according to report, From these places coffins had to be brought from Kong Mun and Fat Shan and corpses were also buried in matting simply. Here, as at other places, we heard of a whole family dying and left to the worms. At Ho T'sun (何村), To Cheung (渡長村) and Cheung Sha (長沙), in Hoi Ping district, it was also severe.

At Lo Kwan Tong several died while laboriously carrying about the idol whose business it was to drive away the cholera fiend, and others soon after the hot tramp about town or from place to place was over.

It seemed to be, as here, quite severs in some small towns and country places. At Tung Chun (東村), of several hundred inhabitants, at first reported almost depopulated, we had credible information of the death of almost a hundred. Though very near there we were unable to get there, and here, as at other times, we found more could be learned from the neighboring

villages than in the stricken one, from the Chinese aversion to talking about the plague as affecting them. On inquiry they would say, "there is no pestilence, but over yondait is found." So here, when warned against a tiger known to be prowling about, he is called the "Big Worm" and not given the proper term for tiger, which they fear to mention.

At Yan Ping and at Yeung Kong we saw a recurrence of the disease, vomiting and diarrhoa, after a cessation of several weeks. but mild and readily curable. In a family of twelve where ten were attacked, all recovered under some medicine I had previously left there. In several of the larger places, as here, we find guilds or individuals issuing printed directions, and at Yeung Kong, at least, pills and powders gratuitously given by one man to the amount of \$300 'twas said. One evidence of the large mortality is here apparent in the many newly-made graves on the vacant land around the town. Many of the tombs are here noteworthy. They are shaped like a large bake-oven, rounded over at the top, with a number of holes the size of the brick left out at each end, Looking into these you see the large wooden coffin elevated and in a decayed state it may be, rather more insanitary than when laid simply on the ground, as about Shanghai, it would seem. As to Cholera in the upper districts, at Canton the coffin-makers declared it a very profitable summer. However the native doctors fared, several prominent ones have recently died. The guessis that at Canton and vicinity the mortality by Cholera was upwards of 1,000.

As Dr. Wenyon remarks of Fatshan, where Cholera also prevailed, so it would seem to be of the larger places where our hospitals are, even to Hongkong, Cholera being largely attributed to the anger of the gods or to the machinations of the Cholera devil. Various idolatrous expedients are resorted to, and medical treatment little believed in or sought after. Here idolatrous

processions abound and the nights are hideous with the torches, fire-crackers and general din. The chanting of the praises of Kwan Tai by a procession of men and boys was to me an interesting feature in one of them. We notice the Tamsui magistrate rightly placed the evil and ordered the filthy streets cleaned. Far up the North and West rivers we also get reports of the unusual severity of Cholera, as at Shin Kwan, Ng Chan, Lien Chow, etc. At the latter place Dr. bwan gives reports of 80-40 deaths every twenty-four hours at the time of his visit there, and hears many thousands have died of the plague in the Hunan province just beyond. He also remarks a constant dread on the part of the people. This we also found in places, as an unfavourable feature, specially where they would shut themselves up in close, damp, uncleanly abodes; and yet it is probable that the Chinese accept these things as the inevitable rather more stoically than we. I here visited the ante-mortem morgue, whither moribund persons must be taken, who are not allowed to die within the city limits. The half-dozen or so I found there were less auxious about their dying thus than was I, and yet after once sent to this "place of rest" no return is expected. At Min Lok there was a proscription of meats to appease the gods, but fruits did not seem to come under the ban, as most vigorously at Macao for instance, where, beginning with the shipping of many soldiers in a heavy rain on board the transport "India," where they were "packed like sardines and deprived of opium," upwards of 60 deaths resulted and considerable excitement when they were re-embarked and quarantined,

Remarking the quite unusual prevalence of Cholera over Kwangtung during the past summer, we will not tarry over our native prescriptions of the cautery, bleeding, friction and all the heroic doses of anything under the sun, since we have nothing to equal that of a certain Insurance Company in Hongkong which gives us a prescription of 29 ingredients, making 46 taels, of which a little is first to be blown into the nose and then taken internally with ginger (not gingerly) and all this to prevent or cure Cholera. Our subject also included Quackery in Kwangtung, an interesting study, but we have reached our limits.

J.C.T.

[Dr. THOMPSON sends us a Chinese circular on Cholera, which he distributed extensively, and with much advantage to the people of Kwangtung, giving suggestions, and inviting to the different Hospitals.—Editors.]

#### FROM SIAM.

Petchaburee, Siam.

November 15, 1888.

Dr. KERR.

Editor, China Med. Mis. Jnl.

Dear Sir.

Each number of your journal is heartily welcomed by me.

One of the youngest of the medical missionary force in these lands, I can appreciate every means which makes me better acquainted with my work, and gives me help in doing it. Your cordial invitation to us in Siam to take an active interest in the Journal by correspondence merits our warmest thanks, and I for one will be glad to do so as time and opportunity will allow.

Medical work at this place was first organized by E. A. STURGE, M.D., in 1881, who opened a dispensary and in 1882 built a small house containing three rooms, with kitchen and attendants' quarters in the rear. Using one room as a dispensary, he had two rooms 12 by 15 each as wards.

In 1882 and 1883 he treated over 9,000 patients, while in 1884 he has left a record of 5,722 cases treated. The spiritual results were very gratifying and the impression made by him on the minds of the people was most harmy.

Being compelled to retire from the field by ill-health in 1885, Rev. Mr. DUNLAP undertook to bridge over the interval (18 months) until my expected arrival, and actually succeeded in keeping the dispensary open and superintending the work of Dr. S's partially-trained assistants, with the result that when I arrived in November, 1886, the work did not have to be reorganized, but simply taken up almost as Dr. STURGE had laid it do gn.

In 1887, 2,800 cases were treated, and there will be about the same number this year 1888.

The hospital left by Dr. S. was enlarged during 1887 by the addition of two wings with money granted by the king, and we can now accommodate twenty-five patients comfortably. At no time during the last twenty months have we been 4-ithout at least one in-patient, and recently there were ten.

It is from this class of patients that we naturally look for greatest results, as I believe is true of all medical missionary stations.

But this class is hardest to secure among the Siamese. They are too listless to make sufficient effort to arrange their domestic affairs so as to bring the sick one to our hospital, nearly always permitting him to lie until either recovery or death settles the question as to what to do with him.

A portion of the overflow from your Chinese Empire turns up even here, and from them we have our most satisfactory patients. Usually manifesting perfect confidence in us and our recomfiendations, fearless under the knife, and bearing with a stoical patience anything we subject them to, makes it a pleasure to do for them.

Not so however with the pure Siamese who constitute the great majority of our patients.

Timid, doubting, never knowing their own minds, and, as a rule, too stupid to be reasoned with, they do most sadly try the grace and patience of a Christian physician. Yet, God bears with us day after day, and who of us then would not endeavour to hear with their lack of character if Christ may be glorified?

But I am making my letter too long, and will close by stating that by the gift of the ex-Prime Minister of Siam, our mission, (Amer. Presb.) comes into possession of a fine large house at Ratburee, on the Maak klong River between this point and Bangkok.

Dr. B. F. PADDOCK is on his way to join our medical missionary for be this year, and I am under orders from our mission to turn over the work at this place to him, and proceed as soon as possible to open the new station. We move from here (D. V.) in two weeks. The new field is a promising one, and should have a better man.

At the close of this year either Dr. PAD-DOCK or I will send you a report of the work done this year in the Petchaburee Hospital. We have had some cases of interest though doubtless our work is much similar to yours in China.

Sincerely yours,

JAS. B. THOMPSON.

#### HOT SPRINGS.

By way of calling attention to other hot springs in China than those mentioned by Dr. NEAL in your June issue, we refer to a visit some time since to the Hot Springs of Yung-mak, Kwang-tung Province, about 20 miles from Macao. Near by are Cold Springs, 't is said, but not knowing it at the time we did not visit then. Gov. BowRING gave an account of the Hot Springs in the Transactions of the China Branch of the R. A. Soc. for 1847, which is republished in the Chinese Repository, Vol. XVIII, p. 86, with Dr. W. A. HARLAND'S complete analysis of the water. Dr. PEARSON, the introducer of Vaccination into China, in 1805, is said to have found this water highly serviceable in cutaneous diseases and the lime ingredient will account for a repute in scrofulous affections.

In a valley encircled by high mountains these springs are supposed to lie in the crater of a hextinet volcano. The water being 170°, F. and higher, the people can here cook their food, and the water is used for bathing or the mud from the sides of the pools taken to rub over the body as medicinal.

The proportion of the salts in 24 cunces is given as follows: muriate of soda (salt) 50.29 gr., sulphate of soda 27.85 gr., muriate of lime 11.54 gr., loss 66

The steam from the pools is distinguishable at a considerable distance; the smell also perceptible.

The villagers have attempted to fill up the pools but without success; at thirty fathoms no bottom was found. Some account of these springs is also given in Mayers' *Treaty Ports*, p. 220, and *China Rev.*, IV, 130,

J. C. T.

Other *Hot Springs* are found in Kwangtung, one on the Lien-chow River near Yeung-shan, and two others in San-neng district.

## CHILDREN IN THE TAI-WAN-FOO (FOR-MOSA) HOSPITAL.

We clip the following from the Med. Missions at Home and Abroad, June 1888.

We have again begun, along with our medical and surgical work, the class for teaching the patients the reading of the Scriptures in the Romanised form (in letters little ours, that is, instead of in the Chinese characters). Just at present we have about a dozen pupils, old and young.

As soon as one of our scholars is proficient, he reads his verse in turn at evening worship. Our best reader just now is a young man who came to be cured of the habit of taking opium. It is rare that such cases show any desire for either mental or spiritual improvement, but he is a pleasing exception.

The next most hopeful pupil is a little boy, named Than-a. His father is a beggar. and the boy was similarly employed till his eyes were affected (evidently with poor living), and he came under our care in the hospital. He keeps himself, and helps to keep his father too, by tending some of the more helpless patients, who in return give him a few cash daily.

Although this boy's eyes will soon be well, he hardly gives them justice in his eagerness to learn his letters. He had been poring over his primer the other evening somewhat late, and bending too near the lamp, he actually set fire to his cap, and burnt a hole in it!

Another little boy, who has evidently not very long to live, has been a fluent reader for some time, and is useful in assisting the others at their tasks. Although his body is far gone with disease and he frequently suffers a good deal of pain, he is patient and even cheerful.

He amuses himself sometimes by making

sketches on the book-slate, and he lately made a picture scrap-book with the help of an old volume of *Chatterbox* which we gave hzm. He had the pictures pasted very neatly into a blank-book and only two of them, we found, were upside down.

The picture-book is now in daily use among the other sick boys and girls in the hospital.

Though not very able to walk, this boy is generally about the first to take his place in the hospital chapel after the bell has rung for worship, and he is evidently much more interested in the service than some of the other people.

He has no mother; she was taken away when he was very young. His own health is going, and altogether this world seems to have little to offer him. Pray that he may be enabled truly to choose "the good part which shall not be taken away."

P. ANDERSON.

## THERAPEUTIC NOTES.

Hypodermic or other syringes, when clogged so that a fine wire annot be forced through them, may be cleined by holding over a spirit-flame for a moment, and the foreign matter will be suickly expelled or destroyed, so that liquids may be used immediately. When a wire has rusted in a needle, dip the point into oil, then hold it over a flame and it can be removed. It is well to draw oil through the point, then heat it, and rust will be removed from the interior; afterwards wash with alcohol and it is ready for use.—Dental Review.—Peoria Medical Journal.

#### TREATMENT OF CRACKED NIPPLES.

Cracked nipples are treated with great success by Pinard, as follows: As soon as there are any appearances of cracks, or even tenderness, of the nipples, a compress, folded in four and steeped in boracic acid solution, three or four per cent, is applied. Oil silk is placed over the compress to prevent evaporation. Over this a layer of cotton wadding, and the whole secured by a bandage. Another method is that pursued by Monti, who covers the sesures with caoutchouc dissolved in childroform (traumaticine), and this protects the fissures against the saliva of the infant.

## TREATMENT OF SICE HEADACHE,

Dr. W. GILL WYLLE, of New York, has produced excellent results with the following method of treatment. So soon as the first pain is felt, the patient is to take a pill or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria every hour, until relief is felt, or until isk have been taken. Dr. WYLIE states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.

It may not be generally known among physicians that the bromide of lithium is almost a specific for muscular rheumatism.

—Bartholow.

## A FUMIGATION FOR ASTHMA,

SAWYER (Birmingham Med. Rev., Lyen Méd.) recommends the following as having afforded the best results that he has observed among those of a great number of inhalants:

Potassium nitrate, Powdered aniseed, each, 2 parts
Powdered stramonium-leaves, 4 ,,

A thimbleful of the mixture, fashioned into a little cone, is placed on a plate and lighted at the top.—N.-Y. Medical Journal.

## MECHANICAL TREATMENT OF WHOOPING-COUGH.

GOLDSMITH gives a practical method by which he has had unexpected success. He treats this disease mechanically. Believing that the nose and the naso-pharynx constitute the seat of the contagion, he injects a solution of salicylic acid (1 to 1,000), or corrosive sublimate (1 to 10,000), into the nose, making the injection every two hours,

and effected in this way a complete disinfection of the nose and naso-pharynx. He Chily uses the Lujz. Jon in the day time (six tin es), the next day only four times and in lost cases the whooping-cough disappears by this treatment. Should another attack appear in a few days, it would only be necessary to make a few more injections. GOLDSMITH declares that whooping-cough in the first stage will certainly disappear in the short time stated under the above-mentioned treatment.—Non-York Medical Times, April, 1888.

### METHOD OF EXTRACTING LYMPH WITHOUT OPENING THE VESICLE.

Allow a drop of pure glycerine to fall upon the ripe vesicle, and this has the effect of withdrawing the lymph from the interior without any solution of continuity of the investing membrane. Judging from the results obtained by Dr. GRIGG, in nearly three thousand cases, in only one of which did he fail to secure satisfactory effect, the lymph thus obtained is fully as active as ordinary lymph. Dr. GRIGG remarks incidentally that lymph obtained from infants less than fifteen days of age is always scanty in amount and unreliable. He also records

"The fact that in cases where only one of the minctures proves successful in the first instance, a more satisfactory result may be obtained by revaccination from the solitary veylete, which remains stationary until the secund crop attains the period of maturity, and then the whole number go through the retrograde changes together.—Medical Press, April 18, 1888.—Medical News.

## PAINLESS DISTRUCTION OF NÆVI.

A.B., aged two, suffering from nævus the size of a shilling, behind the right ear, was on May 13th, 1887, treated in the following manner for its removal. Having first painted the healthy skin around the circumference of the nævus for about half an inch, with a coating of collodion flexile, a thick layer of a four per cent solution of corrosive sublimate was applied on collodion over the nævus. On the 25th, when the collodion was removed the nævus had entirely disappeared, and nothing remained but a small scab. Dr. Boing was the first to suggest this method of treatment, and my object in publishing this case is to draw attention to so simple, satisfactory, and painless a method of treatment .- British Medical Journal .-The New-York Medical Times.

## The China Medical Plissionary Jouqual.

Vol. II.

DECEMBER 1888.

No. 4.

## VALEDICTORY.

This number completes the two years for which the present editors were appointed. How far we have fulfilled the expectations of the members of the Association is for them to decide. Medical missionaries with a difficult language to study, and all their daily duties, have not time for original investigation, but the vast field of observation before them affords opportunities for the study of disease, and for gaining experience in the use of remedial measures. The record of these in our Journal, is one of the chief objects for which it was established.

As a medium for the interchange of views on the best methods of combining evangelistic with medical work, the Journal should be of much value to us all, and especially to the younger members. Very little has been written on this subject, and we trust that future numbers will contain articles from all those who have definite plans for Christian work among those who seek medical aid.

In retiring from the responsible position we have held, we would like to whisper a word in the ear of all members whose names are not among the list of contributors, and urge that each one should feel the obligation of doing something of or every future number. To those who have aided us, we express our best thanks.

J. G. K.

We have been far orded with a copy of the Report on The Causes of Fever in Hongkong, by a Commission of the leading physicians of the Colony, appointed by H. Ex. Governor DES VŒUX.

Our expectations, founded on the recognized ability and large experience of the gentlemen composing the Commission, have not been realized.

We may revert in a future number to this document, which deals with a subject of transcendent importance not only to foreigners but to the natives of the whole Empire.

J. G. K.

## THE RESULTS OF ELECTION.

According to the By-laws of the Medick! Missionary Association of China a circular has been issued by the Secretary, instructed by the President Dr. Kerr, calling for the votes of the members for election of officers for the next biennial term which commences February 1st. The votes having seen returned and counted, the following result is announced:—

PRESIDENT .- HENRY W. BOONE, M.D., Shanghai.

#### VICE-PRESIDENTS :-

North China .- B. C. Atterbury, M.D.

Wuchang and Hankow.—S. R. Hodge, M.R.C.S., L.R.C.P.

Shanghai and Nankin.—D. Duncan Main, L.R.C.S. & L.R.C.P. Edin. Fukien and Formosa.—H. T. Whitney, M.D.

SECRETARY AND TREASURER .- MARY GALE, M.D.

#### CENSORS :-

ROBT. BEEBE, M.D.
JAS. B. NEAL, M.D.
REV. A. L. MACLEISH, M.D.
REV. C. WENYON, M.D., M.Ch.
Dr. FRED. C. ROBERTS.
REV. J. C. THOM\$50N, M.D.

## EDITORS OF JOURNAL :-

A. LYALL, M.B., C.M.

H. W. Boone, M.D.

B. C. ATTERBURY, M.D.

S. R. Hodge, M.R.C.S., L.R.C.P.

Shanghai, December 29, 1888.

MARY GALE, M.D.,

Acting Sec. Med. Miss. Association.



## OFFICIAL EDTICE

To the

MEMBERS OF THE MEDICAL MISSIONARY ASSOCIATION OF CHINA.

We the undersigned Committee, appointed by and acting under instructions from Dr. Kers, the President of our Association, issue the following call:—

1st.—For a coting of the Association to be held at Shanghai, at the time of the General Missionary Conference in 1890.

2nd .- For Voltaiteers to write papers for the Meeting.

8rd.—Asking members of the Association (a) To suggest subjects,
(b) What writers should treat the specified subjects.

Kindly fill in the accompanying blank form, which will be sent you, at once and return it, signed, to the Secretary, Dr. H. W. Boone, Shanghai, so that the Committee may have time for correspondence and to arrange the preliminaries in order to secure the success of the proposed meeting.

## HOSPITAL REPORTS.

A. B. C. F. M. MISSION HOSPITAL,
POOCHO

The 16th Annual Report of the Foochow Medical Missionary Fraspital, under Doctor HENRY S. WHITNEY, speaks of a renovated hospital lifted by the contributions of kind friends out of its pecuniary trout es.

"The first part of the year the had six students, three of whom occupied the position of assistants. During the year two of the assistants went out and three other students have been added, making seven now under instruction,—six students and one assistant.

"Medical instruction has been confined mostly to anatomy, theory and practice, and surgery, with some clinical teaching in physiology and therapeutics,

"Osgood's Gray's Anatomy, an edition of eight hundred copies, printed in 1881, has been sold out, and the writer is revising it in prospect of a new edition this year.

"The religious part of the work has been continued as usual. Rev. G. H. HUBBARD kindly took charge of the daily religious exercises until I moved back to Ponasang from Southaide in June last. The students living in the hospital are all professed

Christians and take their turn in conduction the daily relicious worship, and (once) as a week) figs. It them take turns in holding a special state of the patients are exercises and derive more or less benefit from them.

"The remarks of former Reports still apply, that these influences in connection with books and papers to which they have free access, combine to exert a civilizing, elevating, and in some instances a saving effect upon this benighted people.

"Every year witnesses anew the great benefits of medical work for the Chinese. There is no people worthy the name of nation so lamentably destitute of intelligent native physicians as China, and we may regard it as a high privilege that we can mutually render such needed help to the thousands of helpless creature in our midst.

"The whole number of In-patients is 411, Out-patients 4,662, making 5,073 in all, and 490 surgical operations.

"The opium asylum, now carried on by Doctor CHANG, continues to have from one hundred to one hundred and twenty opium patients annually."

Dr. WHITNEY has generously given up this hospital and gone to a new and difficult field in the interior, as it is easier to get a new man for an old established work than to find one willing to enter on a new and untried field. With this spirit the Doctor will carry a blessing wherever he goes.

H. W. B.

ANNUAL REPORT OF THE C. M. S. HANG-CHOW MEDICAL MISSION FOR 1887, BY DR. D. DUNCAN MAIN,

This admirable report needs no words of commendation. A few extracts will show what the work is and the spirit in which it is done,

H. W. B.

The double mission of healing the sick and preaching the gospel was carried on during the year without any interruption -and with considerable encouragement and Access. In last year's report we said that 'J had "no wonders to chronicle and few cannot say the so ne of 1887, because it was marked by se reral very important events. The first as regards date and importance was the arrival of Dr. HICKIN on the 19th February, to assist in the work of the Medical Mission. His arrival v s harred with joy, because the yearly inc rasing work of the hospital, the duties conn rted with the medical class, the medical care of the missionaries and their families, etc., were making me feel more like a general practitioner than a medical missionary,-a thing not to be desired by any means, for a medical mission is not worthy of the name, if the medical work is not second in importance to the spiritual.

Our methods of work are much the same as those of former years. We have an out-door and in-door department. The Dispensary is open daily for the treatment of out-patients, and in the waiting-room are to be found all sorts and conditions of men, women and children, good, bad and indifferent, examples of broken-down gentility and faded respectability, men and women who have seen better days, the man of showy exterior and the beggar in rags, the well-to-do farmer and the degraded opiumsmoker. The hospital is open to all, but we do not practise indiscriminate giving away of medicines, which may be as hurtful to the Chinese as indiscriminate almsgiving. oras alim M v. 42 in its liferal sense. Neither dog e profess to do charity to those who are able to p. 7 for advice and physic, but try to teach such, that those who participate in the privileges of an institution ought to elp in its maintenance. We aim at reaching the sick-poor; poverty and disease being the best recommendation a patient can present for admission. We have a small entrance fee of 14 cash (little more than one half-penny), less than what is charged at the native dispensaries or by native physicians; it is not sufficient to cover t' a cost of the me icine supplied, bas sufficient to make a Chinaman feel that? is receiving something which possesse. cash value, and helps to infuse, in a srul way, a healthy spirit of self-help. But , is the in-door department that we look to most for success, not only from a spiritual but also from a physical point of view. The difficulties of sasting the Chinese as outpatients are legion, and the advantages of in-door treatment it is har ly necessary to enumerate-the large, we'll-ventilated and comfortable wards, spring beds, clean clothing and bedding, an abundant supply of wholesome food, plenty of hot water and soap, good nursing, daily attention and medicateon. For in-patients, we have a scale of charges ranging in proportion with the means of patients, and over a dozen free beds for patients who are very poor and not able to pay anything towards their board. No one is ever debarred from the advantages of the hospital because of being poor.

Dr. HICKIN, as soon as he reached Hangchow commenced the study of the language, and that very delightful task kept him fully occupied during the year, except in the autumn, when he laid it aside for more than two months and took charge of the hospital, setting me free to take a holiday.

## STATISTICS OF THE WORK.

Number of Batients tr	od dur _ 1887.
Out-patients (register@ o on first visit/	Male, 5,995 Fomale, 4,282
	10,277
In-patients	Male, 433 Female, 69
	, 502

12					
ides			м	-1-	76
· · · · · · · · · · · · · · · · · · ·	•••	•••		male	
3			,		124
Dead	on arriv	al		•••	24
Saveo	l	•••	•••	•••	89
Died	•••	•••		•••	21
Patients v	isited at	their h	ощев		195
Patients s	een in th	e coun	try	•••	2,234
Number o	f visits	paid to	Forei	gners	
and	l Natives	, at the	ir hom	es	950
Number o	f suicide	s treate	d at he	me .	14
Number	of acco	ucheme	nts tr	eated	
at 1	home				7
Number o	f visits pa	aid bar	Out-pat	tients	
	the Dispe				
		- 4	•		
	LIST O	F OPER	ATION	8.	
	0	n the L	dye.		
Operation		ntropiu	ım and	l Tri-	
	asis	•••	***	•••	99
Ectropium	n	•••	•••	•••	20
Cataract	•••	•••	•••	•••	4
Iridectom	•	•••	•••	•••	1
Pterygiun		•••	***	***	27
Hernia of		•••	•••	•••	4
Puncture				•••	14
Removal		urs from	m eyeli	d	3
Ankylobl	epharon	***	***	***	8
	On the .	Body 6	Jeneral	ly.	
Extraction	n of necr	osed b	one		13

" Nasal	polypi	9	•••	18
" Needle	from	Abdon	en	1
17 19		Thigh	***	1
" Pieces	of	Bamb	00,	
gla	ss, etc	•••	•••	5
,, Bullets	3		•••	23
Extraction of Teeth	•••		•••	401
Teeth stopped	•••	•••		19
Excision of Tumours	•••		•••	5
Tapping			***	48
Opening Abscesses	•••		•••	170
" Whitlows	•••	•••		14

Operations for	Fistul	8			
• "	Wash	ing B	ladder		Se al
11000	Sinus	ев			ta 10
1	Piles				£ 4
,,,	Harel	ip	***	,,,	1
ní	Imper	forat	e Anus		1
,,	Phim	osis			4
Wounds requi	ring se	wing		•••	10
Skin grafting					30
Vaccination				.4.	3
Reducing disl	ocation	s			18
Setting fractu	res	•••			20
Amputation o	f penis	***			2
"	part o	of foo	t		1
	lower	thire	d of leg		1
,,	part o	of fing	gers		2
	Opiun	Limo	Kers.		

115 were admitted to be cured.

#### Notes.

Skin diseases abound; 1,213 cases were treated. The setiology of very many of them might be given in one word dirt. It has been well said that "dirt is matter in the wrong place." One cannot fail to see that the Chinese interfere considerably with Nature's plan in allotting to every form of matter its proper place, and suffer much externally in consequence.

Cleanliness is not a prominent feature in the Chinese character. They have a pretenatural dread of the "water cure." Hydropathic Institutions are not yet established here; however, there are public places in the city where a bath can be had for a few cash, but I cannot say much in favor of those that I have visited; certainly it could not be said of the water, that it was without colour, taste and smell.

#### Students.

The teaching of the medical class occupied much of my time. We began the year with thirteen students, but in the course of it we had to ask one to retire from the class, as his ability and Christian character were not such as to lead us to hope of being able to employ him as a Medical Evangelist.

the present generation of Chinese Christis Western Medicine. It has a tendency thing it in some a spirit of worldly ambition, as perhaps to lead a few to think more of silver than souls, but it is possible to exaggerate these difficulties, which I think are not wholly insuperable. However, we cannot be too careful in the relection of our candidates, we if the site thanks more of grace wan a medical education.

The value of a vell-trained Native Medical Mission Agency sannot be over-estimated. In China it is specially called for, not only to break down barriers of prejudice and superstition, remove obstructions and pioneer the way for the gospel, buy also to relieve pain and suffering, of which there is much in this great Empire. It is almost incredible the amount of torture and pain that is inflicted upon patients by native physicians and quacks. Painful and sometimes deadly mistakes in diagnosis are not of rare occurrence, and sad consequences of malpractice are daily met with. The students are expected to remain with us for five years, and we endeavour in that time to give them a complete medical education. Of course one cannot instruct them in every branch of the science as at home; for example, practical anasomy, post-mortem examinations, operative surgery on the dead body, etc.; however, we are fortunate enough to possess a beautiful Artificial Anatomical\* Subject, and with a they are able to acquire a very sidge of anatomy, and we have also a good supply of pathological specimens, charts, to We aim at turning out the young men under training at the end of their curriculum, not mere dressers, pill-maker and quacks, but bona fide doctors, and medical missionaries. All the instruction is given in Chinese. None of the students can speak English.

## Evangelistio.

This department of our work is of primary importance. We seek to reach the inner man through the outer, and although

we give prominence to e claims of t sin-sick soul, we do not neglect the suffer body. With hand and heart, deed : word, we work from the outside to the ; .side, and not, I am thankful to say, with at tokens of blessing. During the year coer ten thousand patients heard the Gospel story, and we rejoice to say of some, that they not only heard, bubbelieved and were baptized. and are now giving proof , their lip profession in a life possessir i. Nations are not yet born in a day, by the ones and the twos are being gathered in, and we take courage and go forward. The spiritual work consists in daily services for the in-patients, daily preaching in the wards, preaching to the ou -patients, preaching to the heathen in the screet chapel, weekly prayer-meeting, weekly meeting for Bible study, bed-side instruction, and visiting patients at their homes, who while in the wards shewed an interest in the Gospel. This last part of our evangelistic work is pregnant with promise, and we hope to make adequate arrangements for the further development of it. We purpose adding two Evangelists to the hospital staff, in fact one has already been appointed to the work.

## ST. LUKE'S HOSPITAL, SHANGHAI.

The Twentieth Annual Report of St. Luke's Hospital for Chinese in connection with the American Episcopal Church Mission, Shanghai, is a brief one, Dr. Boone returning from his visit hoffe, "1, the middle of the hospital year.

Description of the wor" do . g gring the year.

Description.	• 1	intern.	Extern.	Total.	
Native Males	•	RHB	12,653	13,089	
, Females		56	678	9,734	
Foreign Males	•••	17	144	161	
" Females		2	<sub>4</sub> 15	117	
		511	22,590	23,101	
•					

The Vaccination Dispensary connected with the hospital was conducted as usual, and a large number of infants and children second and third class accommodation seen a to meet the wishes one with people. The officials and gentry have one with the hot pital seeking relief, and our general wards have been well filled. Only 19 foreigners applied for admission to the wards, although many sought and obtained relief at the outpatient department.

112 surgical operations were performed in the hospital with two deaths, due respectively to exhaustion after resection of intestine in a very feeble man, and to Pneumonia (induced by a sudden change of weather) in a patient upon whom ovariotomy had been performed.

The minor operations in the out-patient department numbered 581 cases.

The Rev. Mr. Located as Chaplain to the hospital until the spring, when he was called to assume important duties in connection with Mission work at Kiading and elsewhere. While thus losing his valuable and efficient services we gain those of the Rev. Y. K. Yen, who, as Rector of the Church of Our Savior, Hongkew, is also in spiritual charge of the hospital located in his parish. Mrs. N. F. Yang and Mrs. Woo came as lady visitors bringing words of Christian comfort and sympathy to the women patients in the wards.

## SURGICAL OPERATIONS.

## Eye-ball and Appendages.

Pterygium

Relieved.

2

Entropion			•••	•••	2
Staphyloma		1			
Granular L	ids	•••	•••		2
Cataract	•••		•••	•••	9
		Bone	3.		
Removing	liseas	ed pari	в:—		
Face					3
Caries of	Stern	um			1
Upper Ex	tremi	i <b>ty</b>	•••		2
Lower	21	•••	•••	***	1
Excision	s of L	ower J	aw	•••	2
	Hee	d of H	umarus		1

					Ten	<b>37</b>	ı
		loints.			7	ineal Urethro y row	
Opened and	d: ned	1.			2) 3	7818	
Districation					. (	ficial Nose	L
E SECTION OF THE PARTY OF THE P	<b>pa</b> cuuce	м.—			1	A guinal Hernia, Radical Operation	
buld	***	••	•••	•••	13 /	Strangulated	
Elbow	***	•••		•••	100	Lubbar Abscess	2
Hip	•••	···	•••	•••	1	Stricture of Urethra	3
1.	Am	putatio	me.			Resection of Intestine,	ı
Fingers and	Тоев		•••		3	Min Sandons.	
Opper Limb	***	l		• • • •	1	Tapping Abdon mal Cavity	2
Lower Limb		•••			1		1
	_				1		2
	Remove	21 of T	umors.			HAGLOGGIG SCLOPER SELDING	4
Face and No	eck		• • • •		3	Radical Cure	-
Carcinoma	***				6	Incikions	3
Lipoma				•••	1	Harc-lip	2
Stromous			***		2	Contlylomata	1
Epithelioms		3	450		2	Obliteration of Meatus Urinarius	1
Ovariotomy		19-47	3	***	1	Phymosis	1
Ovarioumy	***	9	•••	•••	•	Excision of Cicatrix	1
	Ope	eration	s for			Application of Plaster Jacket	3.
Fistula-in A	, ,	🕶	•••	•••	10	Total 11	2
Closure of §	linus	***	***	***	8		_
Piles		•••	•••	•••	7 .	H. W. 1	В.

## ITEMS AND NOTES.

The present corps of Editors present to their readers the concluding number of the second volume of China Medical Missionary Journal. The next number will appear under the supervision of other Editors. We resign our work with many thanks to those who have so efficiently assisted us. When all our bills of the last two years have been paid, and when all subscriptions have been received, we shall have a small-credit-margin. There is much still by be strained, and our successors will be

able to impression are embarrassed beginnings. We anterpay a brilliant future for the Journal, and for the Medical Association.

We would thrust the attention of all members of the Medical Association to the call which they will soon receive for votes regarding a Medical Missionary Conference to be held. May, 1890. It is none too soon to commence arrangements for it.

